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*NOTES*  
*ON THE*  
*CARE OF THE SICK.*

*By*  
*ARTHUR BRINCKMAN.*



**NOTES ON THE CARE OF  
THE SICK.**

THE  
YAM  
MOUNTAIN



NOTES  
ON THE  
CARE OF THE SICK  
AND  
*PRACTICAL ADVICE TO THOSE IN CHARGE  
OF THE DYING AND THE DEAD.*

BY  
ARTHUR BRINCKMAN,  
*Chaplain, St. Agnes' Hospital,*  
(LATE OF H.M. 94TH REGIMENT; AUTHOR OF "THE RIFLE IN CASHMERE.")



LONDON:  
G. J. PALMER, 32, LITTLE QUEEN STREET, W.C.  
—  
1879.

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## P R E F A C E.


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WHEN I was guilty of publishing a book, some twenty years ago, on "Rifle Shooting in the Himalayas," a well-known quarterly review remarked: "The author jerks out his sentences like a series of discharges from a catapult; the last sin that can be laid to his charge will be that of having used more words than were needful to the conveyance of his meaning. We are very sure that his book is a good one." And then the writer proceeded to aver that sterling sense, and other useful qualities, were to be found in every page. I confess, with shame, that since then, my "composition" has by no means improved, either in style or grammar; but I do venture to hope that the following pages will be of some little use to those for whose benefit they were written. The want which I have attempted to supply is this. There are handbooks on nursing written by professional nurses, books of domestic



medicine composed by doctors, manuals of readings and prayers by clergymen, but a book is wanted written by some one who can appreciate the difficulties of all those different classes which meet in the sickroom. Miss Le Hardy's book, "The Home Nurse," is the only attempt I know of to meet the want; but she has not covered all the ground, and so I venture to add my mite. It is a difficult thing to compose a book for the benefit of those who nurse the patient, as well as for the good of the patient himself; it is difficult, also, properly to touch upon matters connected with the care of the body and the care of the soul in the same pages. Those who have much experience by the sick-bed know well enough how one moment some little detail of nursing has to be attended to or spoken of, and the next minute one may have to say a prayer, or talk of death or Heaven at the request of the sufferer. I have tried to write naturally and practically, and, as far as possible, have endeavoured to keep the deeper subject of religion to the end of the volume.

By way of explanation, I must state some of my practical experience, which makes me think that my observations on the care of the sick may be worth just a little. The medical, was the profession




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I chose as a boy. This was not to be, but I never lost my interest in it. For a whole season in Cashmere I helped Dr. Elmslie at his Medical Mission. He was a first-rate surgeon, and many a patient for an operation did I hunt up for him. I was with him in the cholera epidemic, 1867, when the natives died in scores daily, and with his help began to study surgery. On my return home, I was for some months a medical student at Edinburgh University. "A little learning is a dangerous thing," I know, but still there can be no question that a little experience as above is very much more useful than nothing at all, and helps one to observe and note. As chaplain for more than eight years to the nurses of the University College Hospital, and with a large acquaintance amongst nurses at other institutions, I think I must know something of a nurse's trials. As chaplain to St. Agnes' Hospital, and with visiting of the sick as a clergyman in public hospitals and in private houses, I must have picked up some knowledge of the trials of patients. As having been an officer in the army six years, a traveller, and sportsman, as well as having taken a missionary trip for two years to Cashmere after my ordination, it is very likely that, as a correspondent suggests, I may "be able to treat the whole sub-

ject in a more popular style than could the ordinary cut-and-dry parson." All the above must read *terribly egotistical*. I only write it as a statement for what it is worth, in proof that it is possible I may have some qualification for writing the book which I know is wanted.

Another reason for publishing my Notes is this : I believe that in the upper and well-to-do classes there is very often more discomfort from bad nursing and attendance than amongst the poor. If my book persuades any who have the care of a sick person in their family, to send for a good, properly-trained nurse, instead of nursing themselves, or calling in the coachman's wife, "or some good woman," I shall think my book has been worth writing.


Again, it is most sad to think of the large number who suffer and die without any religious consolation. In some hospitals people die without even a word, much less a prayer, from the chaplain. A man who is chaplain to a large hospital ought not to be employed at any other work, but should be expected to stick to his post. His rooms ought to be in the hospital, so that night and day he can be ready to see any accident case, or minister to the dying. I know



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there are chaplains of hospitals in every way fit and worthy of the post; but I think some, if they kept a diary of their daily work, would not care to publish it. In private houses the number of sick who die without ever seeing (even once) a clergyman, is very much larger than is commonly supposed. Whatever "school of thought" we all belong to, surely we must all agree that it is a cruel shame to keep any minister from a patient who wishes to see him. But this sort of thing is ever going on. So, too, when persons are very dangerously ill, they might at least be asked if there is any minister of any denomination they would like to see. They ought to have the chance of seeing some one to help their souls if they wish it; they ought to have the opportunity of saying "yes" or "no" to the proposition. Then, too, when a patient is unconscious, even some good Church people will not allow a clergyman to be sent for. They say, "What good could he do if he came? The patient cannot understand or talk with any one." I have known consciousness return at once after the visit of the clergyman, who said a short prayer, and the patient be exceedingly glad he was sent for. I have even known objections made to the visit of the clergyman, when the patient himself has made him pro-

mise he would come and see him when dying, no matter what condition of mind or body he might be in. Once more, the clergyman is often not sent for till too late. Some people fancy that a prayer by a clergyman may be tolerated when death is near ; but for him to come a little sooner, and give Holy Communion to the patient is not thought of, and so he arrives too late for the patient to be able to receive It. I have known people die without "priest or sacrament" who would have been shocked at the idea when they were well, all from the selfish bigotry or thoughtlessness of their friends. To put it on simple grounds, as a matter of right and as a matter of possible benefit, every one ill should be allowed to see any one he likes for the comforting of his soul. The wish, if expressed, should be readily gratified ; if not expressed, it should be said to the patient that if at any time he wishes to see any one about his soul, he should see whoever he likes. Now and then one hears (seemingly) by chance of some one very ill ; a message is sent up, a favourable answer returned, and the patient is very grateful and pleased, and begs one to come and see him again, and, if possible, be with him at the end. When one reflects on these cases, it makes one so sad to



think of many patients who are never heard of, who would be only too glad to see a clergyman.

As regards my remarks on hospitals, it has been a little awkward for me ; for as I am chaplain to the nurses at the University College Hospital, it may be thought that my remarks apply to that hospital in particular. I may state, then, that I gave away a good many "printed queries" to nurses of my acquaintance, for them to write me their answers and comments ; but I gave *none* to the University nurses. All I have to say about that hospital is simply this : that, considering the pre-eminent reputation of the medical and surgical staff, and the high character for proficiency of the nurses, I wish that the hospital could be made ten times larger than it is. Many of Sir William Jenner's patients could find the money for it. By the way, the larger a hospital is, the less crowded it is ; and so, not only is it healthier, but there is less temptation to hurry cases away to take in fresh ones.

As to "the nursing of soldiers" alluded to on p. 117, I quite admit there are many cases and characters where the hospital-serjeant and his assistants can more fitly do the nursing ; but in the great majority of serious cases, women as elsewhere, would do it best.

The thoughts on "Love Beyond the Grave" have appeared in print before as a sixpenny tract. The demand for its reprint has been so frequent and continuous that I am glad to republish it as a fitting sequel to my Notes on the care of the dying and dead. I have only noticed one hostile criticism, that which appeared in the *Penny Post*—a Church journal. I am sorry to say a hard word of an old friend; but that monthly periodical is often so goody-goody and sentimental that I do not attach much weight to its theological critiques. Another journal, the *Queen, the Lady's Newspaper*, is by no means such an effeminate production, for while banishing religious controversy from its columns, it often has a leading article full of healthy, strong, common-sense advice, which could be worked up into a useful sermon, and preached from many a pulpit with advantage. In a recent article this paper, though a secular journal, entirely agreed with me—that it is a true, natural desire to meet again hereafter those we have been parted from by death, and that it is not a wrong way of bearing grief to live in the hope of meeting again for ever, those who made life so bright to us on earth. (See article, January 18th, 1879, on "Widows.")

I may say that these "Notes" are not copies of

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written memoranda, but simply my experiences written down from memory. After this was done, I looked through my books to see if there were any more things desirable to touch upon and insert. The volume is awkwardly written, being compiled just when I could snatch a few minutes; but I hope the reader, if he has the patience to peruse it, will get a useful hint or two for the benefit of the sick, the dying, and the dead.

The profits (if any) will be given to St. Agnes' Hospital for the Sick and Fallen.

P.S.—The book alluded to on p. 55 is "The Bedroom and the Boudoir," by Lady Barker. Mr. Belcher's book, "Notes on Our Lord's Miracles of Healing," should be added to my list on p. 238. It is most interesting, and written by one who is both priest and physician.





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## ERRATA.

Page 11, for "1866" read "1867."

Page 84, for "mere religion" read "more religion."

Page 109, for "when they had" read "where they had."

Page 271, for "that struggling" read "that the struggling."

Page 297, for "to Him" read "to him."

Page 309, for "your prayer is" read "your prayer in."

# NOTES ON THE CARE OF THE SICK, &c.

## I.


### *HOUSE AND LODGINGS.*

Patients coming to London or other towns for an operation, or to be for some time under the care of a doctor.

Ask the doctor to recommend lodgings. He knows where other patients have been very comfortable, and where they have had cause to complain. I have known lodgings taken, the patient brought into them, the doctor sent for, his treatment begun, and the patient finding it necessary to remove as quickly as possible. One case I remember. A suite of rooms, taken in a very nice neighbourhood, close to the medical man. A son of the patient arrived from the country, and found, to his horror, that the patient, his mother, was in rooms in a house of bad character! There are many lodgings where patients are the chief lodgers, where the landladies are accustomed to have sick people in their house, and are well known to the medical man. They are accustomed to the extra work which sickness often involves, and therefore do not



grumble ; but in some lodgings to become ill is considered a dire offence, and to die an unpardonable crime. There is much jealousy, and if doctors' carriages are often seen at the door, kind neighbours say, with a sigh, "There is always some one ill at that house !" and if a death occurs, the remark is added, "They never seem to get well there !" I have even known landladies positively rude and unfeeling towards the mourners, in their efforts to get them to take away their dead without delay. I must say that, on the other hand, I have known landladies very unfairly treated by patients and their friends—the infectious nature of the malady untruthfully concealed, or pretending that the illness is only very slight, getting into the rooms, and then keeping them for weeks and weeks, much to the inconvenience of the landlady, who had promised the rooms to other lodgers. The keeper of the lodgings has a right to true information. An operation case might be welcomed, while many a hysteria case would be felt to be very inconvenient. If the doctor is unable to recommend lodgings, and no friend can give the address of any, try the clergyman of the district. Clergymen generally see the better side of people, and are not the best advisers as to people's characters ; but they may know from other patients to whom they have ministered, where cleanliness and respectability are to be found. After all, you must do the best you can, using your



own judgment before deciding, for some people will go to a lodging, and be over particular, and go away and abuse it; others will come after them, are easy to please, and go away ready to recommend very strongly. It is wonderful how many things are not thought of in the selection of a lodging, which one would have supposed could not have been overlooked. Rooms will be taken by a kind friend on the second or third floor for a person just recovering the use of his limbs, or with a very weak heart, or suffering from some incurable wasting and weakening disease. A sitting-room and bedroom only will be taken, when it is really a matter of great importance to have a little dressing-room opening into bedroom. The third room is, in many cases, a necessity. The nurse can use it for many things, and can sleep in it during the period of convalescence. Some nurses snore; so to sleep in the adjoining room, when the patient is strong enough, is better than sleeping in the same room, helping to make it stuffy, or sleeping at top of the house, when they might be suddenly wanted. In London I should never take rooms on the ground-floor. They are noisier and stuffier as well. The noise of the traffic, the knocking and ringing, the running of the servants to and fro from the door—all is worse to bear downstairs. It may be nearer the kitchen, but farther from the water-tap. Moreover, in hot weather, if it is desirable to keep the

sitting-room window open at night, the policeman will ring and order you to shut it.

So, on the whole, I should say take the second-floor. Neither clergy nor doctors get half enough active exercise, so an extra flight of stairs will be all the better for them, and perhaps some visitors will not come too often on account of the extra climb, which will be a relief to your patient. If the patient is to go through his illness in his own house or in the house of his relations or friends, and if his illness is likely to be very long, then you have to settle *at once* what will be best for his comfort, and for the convenience of the household. It would be a pity to feel the need of removing him to another room when he had got too weak to bear it. There are many points to think of. For a long illness the patient ought to have the best ventilated, largest room; if an infectious case, then, if possible, it should be a room at the top of the house, or end of a passage, or not opening on to a staircase. Of course, all these matters cannot always be just as we want them. Then there is often one room in a house which is very nice, but whose chimney always smokes; or a room might be the best to have in winter, but in summer would have the sun upon it all day, and get so hot as to weaken the patient and lessen his chance of recovery. For advanced consumption it would be as well to choose a room facing south, rather

than north or east. If there are children in the house, it is often better if it can be managed to send them away on a visit, or to the sea. The less children are in a sick house the better; and, poor little things! you cannot expect them always to walk on tiptoe and speak in a whisper; and though the pattering of little feet is a cheery sound to papa when he is in a good humour and not busy, a noisy romp and a peal of laughter and a cross "Hush!" is not good for a patient's nerves. If you are master of the situation, and there are any members of the family better out of the way, try and get them away (without offence if possible). It may be a querulous, nervous, fidgeting aunt, who is always dreading or wanting something; or it may be a lazy dandy of a son, who sleeps and breakfasts late, and gives more trouble with his late hours and luxurious habits than the invalid himself. As regards the house itself—drainage, ventilation, water-supply, soil—a book called "*The House and its Surroundings*," one of Hardwick and Bogue's Health Primers, will give you much useful information. There are some surgical cases and cases of weakness which, for a time, it may be necessary to nurse on the ground-floor, but, if you can manage it, get up as high in the house as you can with your patient. In the summer, a top room would get very hot and close, the attics generally having low ceilings. At the

seaside, and in a dry house in the country, the ground-floor is often preferred for the sick-room, some seaside convalescent hospitals being built so as to have all the patients on the ground-floor. Having chosen your room, wherever it may be, before you put your patient into it, be sure you have the chimney swept. An alarm of fire might kill a patient who was in a critical state. It would be as well, if the illness was likely to be a very long one, to find out if the house was in thorough repair when taking a lodging in London. I know one case where the front wall was ordered to be taken down and rebuilt from the first-floor to the roof, a lodger—a surgical case—being in the house at the time; and another case where a house was taken for a small hospital; the previous tenants had received notice to repair the walls, which were bulging, but did not mention the fact. Their successors received notice, after they had been in the house some time, to build up the front and back walls. This, of course, besides the expense, necessitated the removal of the patients out of the building. I saw the surveyor's notice myself. It was addressed to the tenant. It called attention to his previous notice not having been acted on, and peremptorily insisted on the walls being built up at once.

## II.

*INFECTION—DISINFECTANTS.*

It is an old maxim, "The best of all disinfectants is plenty of fresh air," and there is some force in the remark that "to use a disinfectant is to get rid of one smell by making another." Yet disinfectants are useful if sensibly employed. A sheet wetted with carbolic hung up outside the sickroom is a good plan, for two reasons. Doubtless, it helps to prevent infection; but not only this, it reassures very much the nervous portion of the household, to know of this plan being adopted, and so renders them less likely to feel low and fall ill. I remember a case of small-pox in a house full of people; it was kept as secret as possible; a carbolic sheet was hung up outside the door, and no one suffered. I find, in looking through the notes sent to me by various nurses, that Condyl's Fluid is the disinfectant by far the most approved. One advantage, they remark, is this—it does not stain linen so much as some other preparations, and the smell is less unpleasant than that of carbolic, which some patients cannot abide. Condyl's Fluid should be diluted, and a piece of rag dipped into it to see if it burns, before dipping the linen into it. Dr. Tanner advised a wine-glassful of

Condy in two pints of fresh or salt water, to be placed in the night-chairs. For disinfecting linen it is of little use, so I have read. He adds that, as permanganate of potash is the basis of Condy's Fluid, if this stains linen, sulphate of iron will remedy it. Dr. Tanner's book, "Index of Diseases," will tell you plenty about the composition of disinfectants, and how to use them. In Miss Buckton's capital little book, "Health in the House," she calls attention to the cruelty of sending the patient's linen to the wash straight from the sickroom, without previously disinfecting it. It is unfair to the laundress and her neighbours. Pound up some fresh coffee-berries, place them on a red-hot old shovel or broken piece of flower-pot, heated, and carry it about the room. Coffee is said to be an excellent—if this is true it is a simple and easily-got—disinfectant. Miss Le Hardy says a fresh sliced onion, sliced again when the surface dries, is admirable; or a cup of vinegar with a hot cinder dropped in it. The fumes of certain disinfectants will tarnish some of the ornaments of the room. Never allow a genial friend to fumigate the room by having a cigar in it. "I say, old fellow, you don't mind my having a weed?" is sometimes said to the patient. If there is a nurse in charge, she must uphold the rule firmly, "No smoking allowed in a sickroom." Some men have a great idea that they "can't catch anything" if they smoke. Such

visitors had better keep away till all risk of infection is gone. I think some of my correspondents must be mistaken in their assertion that Condyl's Fluid does not mark linen, so I can only conclude they must have used it so diluted as to be practically useless. You should place linen, bandages, &c., into the disinfectant before leaving the sickroom; but having done so, carry the vessel with its contents away elsewhere to a suitable place, for the process of soaking. Dr. Hartley seems to prefer carbolic acid solution and sulphate of iron for general use, and the permanganate of potash and chloride of lime to destroy smells. It is a good plan to place your disinfectants under lock and key in a cupboard outside the sickroom, so that no one in your absence can give a dose by mistake to the patient. The key is not to pass out of your possession. I have known one fatal case and three very serious cases of misadventure in this way. The fatal case occurred from the very natural mistake of a nurse who was an experienced, good, and devoted woman. Having the bottles in the room is dangerous; the patient, too, may think himself worse than he is, seeing a big bottle of disinfectants staring him in the face. If you do not lock the bottles and jars in a cupboard, tie a wide piece of ribbon round them in a big bow; you will see it in the day time, and feel it in the dark. I am sure that if I were to think for a little time I should



remember more cases of accident besides those I have mentioned. Without being needlessly fussy, you cannot be too careful in your efforts to prevent infection or contagion. Much disease is spread, no doubt, by thoughtless or ignorant visitors of the sick. Some, too, who have no fear for themselves, forget to take care of themselves for the benefit of others. Thus, I have no doubt that many young clergymen do not know that, after seeing a person with erysipelas, they ought not to go straight to the bedside of another patient; and the Erysipelas Ward of a hospital should be the last visited, if there is another patient to see. No visitor should be allowed to go through a surgical ward after being with an erysipelas case. Indeed, it would be a good plan if all visitors to these isolated wards in hospitals were made to wash their hands, and conducted to the hospital door when their visit is over. Some years ago I heard of three nurses, from a small-pox hospital (when the epidemic was very bad), coming some distance to a crowded church to hear a well-known preacher. I remonstrated, but was told they always changed their clothes before leaving the hospital. I received no satisfactory answer to my rejoinder, "But did they change their hair?" No one can tell for certain why it is that one person escapes catching a disease. With every precaution taken sometimes illness occurs, and with no precaution taken sometimes there is no illness.

I remember going to see a patient in a small-pox hospital. The patient in the next bed was a young woman. She remained in the ward several days, when it was proved, beyond doubt, that she was there by mistake, and away she went, without the small-pox. I remember in India two ladies in perfect health dining together. In the morning one was seized with cholera, and died the same day, nursed by the other lady, and not another fatal case occurred in the place. And now I may mention a fact which this incident reminds me of. In the year 1866, when the cholera was raging in Serinnuggur, the Europeans were ordered away. I remained there with Dr. Elmslie, doing what we could for the people. As we went about the streets the people were ready enough to call us into any house where there was a case. One large house, the ground-floor occupied by cows, was full of patients. This struck me, and I think I may say without exaggeration, that whenever I preceded Dr. Elmslie in searching for patients while he was doctoring the others, that wherever I saw a cow tied to a house I went straight into the building, whether called or not, and invariably found cholera present. Whether it was from the effluvia of animals stabled under the rooms, or whether the poison was in the milk, is not for me to settle. I only mention what I observed. In visiting a patient at a fever or small-pox hospital there ought to be more caution, and

stringent rules enforced. A man may not catch the disease himself, who, nevertheless, may convey it to others. Doctors, as well as visitors, ought to change their clothes. If you have an old coat, take it with you in a bag, put it on at the hospital, and leave it there altogether when you cease your visits. The porter will see it disinfected, and be glad to have it for himself, or an outgoing patient. I think that within all reasonable limits visits of relations and friends to infectious cases ought to be discouraged. I think this would be a wise rule. Let every man or woman be shown into a dressing-room by the porter or matron, the outer garment removed, a long waterproof coat given to the man, and a long waterproof cloak to the woman, with a hood to it—of white, of course, so as not to look too dismal. Shaking hands and kissing not to be allowed, the visit not too long, and the visitors, if tired or hungry, not allowed up, unless they eat something first. After the visit the waterproofs can be easily cleaned. They should be taken off in the disinfecting-room, or close to it, and then, having washed face and hands, garments resumed. A fee should be made compulsory—a shilling, at least. This would more than cover the expense, and the profits go to the hospital, or benefit of the nurses. Of course from the poor only a trifling fee should be exacted. Those who could afford it would, or should, see the wisdom of the arrange-

ment, and cheerfully agree to it. In a private house where there are several sets and patterns of plate and china, it is a good plan to put one set aside for the sole use of the sickroom. With infectious and contagious diseases great care should be taken to impress on inexperienced persons, whose presence must be tolerated, that they must be very careful to wash their hands at once on leaving the sickroom, and not to taste things out of any of the patient's glasses and cups. I remember three cases of loss of eyesight. If you have to dress any offensive wounds you must be extra careful if you have any cuts or scratches on your hands. A bad hand and arm is by no means an unusual misfortune with doctors and nurses. In spite of great care and skill, these accidents will sometimes take place. With lying-in cases, especially, the very greatest care must be taken. The clergyman should not visit such cases, except it is necessary, and he has taken the utmost precaution not to have been anywhere whence he may have brought any bad influence to the patient. Cases of pyæmia, or blood-poisoning, require careful and honest treatment. They should never be sent to a public hospital without full information given to the medical authorities. I have known a case where the patient's illness was mentioned, but its sequel of pyæmia ignored in the application for admission. There are too many "pious frauds" ever going on, I am afraid, in some quarters. "Poor

thing, let us get him off to the hospital and say nothing about it ;” but it is very wrong. I think, too, that while there is very often great care to disinfect the bed utensils and food vessels, that the patient’s spitting vessel is very often only just emptied for use again. It should have a frequent rinse in the disinfecting fluid. It is very often unavoidably near the visitor’s nose. It would be a good thing if Government were to enact that in every house in a town a large card should be kept, printed by authority, with full plain directions what to do in case of some malignant infectious disease occurring in the house. I am quite sure that no one in the house where I am writing would know where to send for the special conveyance to the fever or small-pox hospital, or the name and address of the parish medical officer of health, or how to proceed to get the house properly disinfected. It is a mistake, I believe, to suppose that medical men are less liable to catch a disease than the rest of the public ; it is a still greater mistake to imagine that they do not carry infection with them as much as any one else. They may take more precautions and be less nervous, but very often they are very tired, very hungry, and in a great hurry, so are as liable to become ill or convey infection as any one else. They have been known to convey infection to their families by coming straight from a fever case into their carriages. I should like to see the annals of

the London Fever Hospital published. I believe that it is quite a field of honour, a standing monument to the devotion of many a member of the noble medical profession. I must repeat again, all authorities agree that good fresh air is the best disinfectant ; but be sensible as to its use, and not let it blow from the patient's room into the rest of the house more than you can help.

When lodgings are taken for a patient few seem to trouble themselves beyond the terms, and to see if the rooms seem nice and airy. It would be a good thing not only to have every death from anything infectious or contagious registered, but also to compel those who let lodgings to show a certificate that the house has been well aired and the necessary steps for disinfection taken. I have known cases of all kinds taken in and their nature hushed up. Again, a patient may have died in a room from some non-infectious complaint ; but the state of the room the last few days and the condition of the body after death ought to necessitate the apartments being as thoroughly cleaned as after a death from small-pox. It is often not done ; the room just " tidied up a bit," and a severe operation case taken in, to run the chance of a fatal termination from pyæmia. Look at the closets, too. I have been to see patients in a house in London, the rooms nice and large, and the cooking good ; but the closet is simply a cupboard in the wall of the stair-

case, with gas burning in it for light, the only ventilation a little bit of window-pane open in the door six inches square, the bedroom being a few steps above. I have visited patients in this house at various times, under some of the most eminent medical men in the kingdom. One cannot expect medical men, however eminent, to hold a sanitary investigation of the house of every patient they are called on to visit. Patients are brought up from the country by kind friends and deposited in the lodging, and when they are well settled in bed, and the rooms engaged, then the doctor is called in. Medical men can generally recommend a good lodging, where they have known previous patients to be comfortable ; but they cannot always do this, as many do not care to worry their doctors with their complaints of discomfort or overcharge. Sometimes a surgeon will decline to operate where he sees good sanitary reasons to induce him to decline ; but he ought not to be expected to hold all manner of investigations about closets, sinks, pipes and drains, when he comes to do his own proper work, which is quite enough for him to have to think about. Another case I remember, attended by two eminent obstetric physicians. The patient took lodgings in a fashionable part of London, in the depth of winter. She soon found that unless she kept a very small fire indeed in her sitting-room that a most unpleasant smell came from the wall close to the fireplace. Since

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writing this chapter I have been over a new infirmary. Everything looked bright and clean; but the night-stools were all made with the wooden covers so strongly denounced years ago by Miss Nightingale.



## III.

*THE SICK-ROOM.*

HAVE as few things as possible in the room, for the less the furniture the more the air. As soon as possible remedy all defects in the furniture ; neglect of this precaution is often the cause of inconvenience and irritation to a nervous patient. If a chest or table or window rattles and shakes as you walk across the room, put something under the feet, or insert a peg at once. I have known patients when the least noise was most painful to bear, for days having these little unnecessary noises to suffer, just because no one thought of stopping them ! I remember one patient severely ill, with a door opening into her room, which you could not open or shut without making much unnecessary jarring and noise. A carpenter could have put it right in five minutes. I remember another bedroom with the door-handle quite out of order ; it was most difficult to shut the door and to keep it shut. Two shillings would have been all the expense of putting it right. Have the blinds looked to ; they are often used, and what is more annoying than a blind which suddenly comes down with a run just when you have drawn it up ? Always draw up a blind slowly,

and it will keep in order much longer. I remember an iron bedstead in which a patient could not move hand or foot without the whole frame creaking and shaking. This ought to have been seen to ; but no, it is just an example of the thoughtless carelessness which promotes discomfort by overlooking little precautions. Look to the bell of the sickroom ; if it can be made to pull better and easier, let it be done. If you can put a cord to it so that the patient can ring it easily from the bed, do so. I know of one case, a patient with an injured rib, with his bed at the corner of the room furthest from the door, with the bell-rope in the passage *outside* his chamber ! In a large house, where there are many bells, it is often useful to ring the sick-room bell in a particular way. To ring it gently for some few seconds is better than one short, sharp pull, and does not flurry servants and relations so much. A little handbell on the table by the side of the patient is far better than those bells which you have to press down to sound. Many, when very weak, could tinkle the former, who had no strength to strike the latter ; and, moreover, the handbell never gets out of order as the other does.

As soon as possible remove everything out of the room which is of no use in it, if the illness is likely to be a serious one. It must be done, of course, in such a way that the patient shall not be alarmed or

annoyed ; it is simply a matter of convenience and a gaining of air, which is all the better for him. At all events, clear out the top drawers ; they will be useful for holding many things which had better not be about in the room. They get mislaid and get dusty, and the less a room looks like an operation theatre the better. There should be a table on each side of the bed. Sometimes a patient will recline very much on one side of a broad bed, and if there is no reason against it, it is as well to let him. You then have a table on each side, which, of course, is handy. Generally the tables at the bedside are far too small. They do not take up much space against the wall at the head of the bed, and if they are a fair size, it is much easier to arrange the things nicely and keep them in order. And then there is less likelihood of mistakes. Sometimes the table is useful to draw forward to the side of the bed to keep a weak or too emotional friend from coming too near the patient's breath or kissing him ! In some cases this is a hint by no means to be despised. Some will break a rule which prudence suggests, if a nurse leaves the room for a moment, or turns her back for a second. An oblong table, with plenty of bottles on it, and a gasogene in the centre, has before now been very successful as a barricade. Whether you have large or small tables, two or one, keep all as neat and orderly as possible.

Whatever is most frequently wanted should be nearest the patient. The food should be separate from the medicine, and the spittoon by itself. A clean, folded bandage, a bright pair of scissors, might be better away ; but these and similiar things nicely folded and clean do not make the surroundings of the bed look uninviting. Sometimes you see the reverse of this order ; beef-tea, lotion, milk, medicine, spittoon, syringe, all huddled together. If it can be afforded, have a clean cloth on the table every day ; a towel will do if there are not enough. If you have only one table, put a division across it, and keep food and medicine separated. Sometimes a low table at the foot of the bed is useful. The nurse can make poultices on it, and put things on it she thinks the patient had better not see. And this table makes visitors walk well round the bed, instead of catching hold of it as they sometimes do, and shaking it as they pass.


*The Bed.*—In a lodging always look under the mattresses. Old pieces of drugget and similar objectionable articles will sometimes be found concealed there for convenience' sake. Have several spare pillows ; they are useful for propping, and, besides changing the covers, it is a good thing to put a pillow out in the air to freshen a bit, while another is used in its stead. You will find directions on how to make a bed without removing the patient in "*Wood's Handbook*," p. 48. Try and get your

patient to use as firm a pillow as possible. Many like a very soft one, and then, when they fall asleep, the head and face become too warm. In raising a patient to change the pillow I have often noticed that it is done too suddenly. Always do this office *slowly* as well as gently. I have seen a patient's head fall forward and backward from being raised with a jerk. Lay the patient back slowly and gently. In some painful cases this is a moment most dreaded, and when exhaustion is much felt. *Now* is a good time to give a little beef-tea to strengthen or revive. The bed ought to stand with its head about three inches from the wall, never alongside of it. As I said before, patients will for a time insist on keeping on one side of the bed. With the head against the wall and both sides free, nursing can go on from either side and the bed be easier made. It is thought by many that there should be no blanket between the mattress and the bottom sheet. If this is sound advice, care must be taken that the inequalities of mattress produce no discomfort. It would be as well to have a waterproof sheet over the mattress and a double-folded sheet under the one the patient rests upon, if you can keep it smooth. Cullingworth, p. 8, has some clear directions on the use of the draw-sheet and the changing of bed-linen. Before changing bedding be quite sure that everything is aired and ready to hand before disturbing the patient. In moving a patient

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upon a sheet from one bed to another be sure it is strong, and that if strong it has no rent in it. Keep the fire up, and shut window and door while moving in or out of bed. Never lift a patient out of bed by yourself if you can help it, or carry him across a room. It is not only safer to have some one supporting the head and steadying you, but many a nurse has been most seriously injured by a strain in lifting a patient up in bed ; and to lift one right out of bed is, of course, a greater strain. The bed should not be too high ; the lower it is the cooler and purer the air, and the handier for the nurse. Care must be taken to prevent patients slipping down in bed. Having to raise them back is very tiring for them. I remember once finding a patient gradually slipping on the sofa of the drawing-room, and the nurse gone out for ten minutes. The sufferer had been through a formidable cancer operation. I put some books from Mudie close to the castors at the foot of the sofa, raised it, and pushed the books with my feet under them. This was a simple expedient, quite succeeding till the nurse returned. There are some plans suggested in the "Home Nurse" to prevent slipping ; but I do not think these kind of hints are easily picked up from books—so much depends on the nature of the complaint, the constant position of the sufferers, and their weight, as well as on the skill and good management of the nurse.

Wooden bedsteads should not be used for sickness. If, as will sometimes happen in the best-regulated families, a flea should make his appearance in the patient's bed, the best thing to do is to catch it if you can without giving him cold. A large wool sheepskin glove on your hand passed up and down over the patient's body is said by Miss Le Hardy to be a successful plan of catching the culprit. Plenty of fresh mint is also said to be a specific. Let your patient sleep in any position he chooses, provided that it will not injure wound or loosen dressings. The position he prefers will generally be the best ; but if, as many do, he will go to sleep with his clothes drawn up right over mouth and nose, always move them so as to allow them if he likes to be well up, but not touching his mouth and nose so as to interfere with the purity of the air he breathes. Too many clothes on, too warm in bed, all this is weakening ; but it must be remembered no two persons sleep alike. How absurd it is in some hospitals to see every bed with the same amount of upper clothing, just as if every patient invariably felt the same degree of warmth under the same circumstances ! Warm, not too warm, is the thing. Keep an extra blanket folded at foot of bed. This can be drawn up towards morning before the chill begins. Remove all useless ornaments and furniture. Many great, ponderous articles cannot be removed out of some bedrooms. When this cannot



be done, try and remove all that can be easily moved. Take away all the ugly pictures, and put some bright ones up instead. I have more than once slept in a bedroom which contained a large oil painting of John the Baptist's head on a charger! In lodgings the pictures are often anything but lively, and, if the landlady will not be offended, try and put up some few bright pictures in their place. Where the patient has real faith, the picture of all pictures to meet his eye should be one of the Crucifixion. I have seen the dying gaze wander round the room, and brighten up as it rested on the picture of the Saviour in His suffering. I remember once a dying girl quite soothed by a crucifix placed on the wall opposite to her. As her vision weakened she seemed distressed. I slipped out of the house, bought a yard of red flannel, nailed it on the wall as a background to the white ivory, and the same look of joy and trust returned at once. This picture or crucifix should never be moved; but in a long illness a change of pictures enlivens the room. I have now said all that I can at present think of as regards the sickroom and its furniture. It only remains to remind you that it is a sacred place, the battlefield of the struggle between life and death, where the angels come to minister to the suffering, and to bear away the soul; where the evil ones come with their last fierce assaults on faith; where God is watching the effect of His hand of discipline;



where, in tending the sufferer, a member of Christ, you are ministering to the Lord Himself. So be reverent and watchful, and stop all irreverence, levity, gossip, and scandal, and so nurse your patient.

## IV.

*VENTILATION.*

EVERY book on this subject insists on the importance of good ventilation. Every one knows that pure, fresh air is better for human beings than close, foul air ; and yet it is perfectly astounding to notice wherever one goes how every effort is made to keep out fresh air, and to keep in the foul. At one hospital there is a long corridor with a glass roof; the air is by no means pure and sweet, and yet the medical staff have not yet insisted on a window to open and shut being made. It would cost little to have two or three made; but no, it is not thought of. Then, too, it is often forgotten that some patients feel a close room far more than others. Some have been accustomed to sleep with the window open all their lives; others with their sleeping chambers like an hermetically-sealed tin. Nevertheless, patients are generally treated all alike, and the bedroom kept much warmer and less airy than it should be. I remember a patient in one room who seemed positively to hate fresh air. One was obliged to dodge her, and open doors and windows when she was asleep just for a minute. Some time after her death I visited a patient in the same room, and this patient was only too glad to

have window and door open as much as possible. One case I remember, which I shall always believe ended fatally from being poisoned by the foul air. Going into the room early one morning I very soon felt exceedingly queer, and for some time afterwards, and it was no matter of surprise that the case ended as it did. I have even known some patients wanting the windows not only to be shut and bolted, but paper pasted all over the joinings, top, middle, and bottom! A piece of wood a few inches high, to fit in the whole length for the bottom sash to rest upon, keeps a little air coming into the room without a draught, and gives to the patient the look of the window being shut. A large folding screen is often very useful. A carpenter can make one very cheaply, and it will be an amusement to ornament it, cutting out and pasting on scraps. This will keep off any extra draught. If there is no risk, it is a good plan in the morning, about 9 a.m., to cover the patients over with several extra rugs, or coverings of some sort—cover the head also under the sheets—and then open door and window as wide as they will go for three minutes or so. Having closed them again, take off one covering, and, after a minute or two, remove another, and so on, till the patient has the usual amount over them. They will not catch cold, and the room will have been greatly purified, and be pleasanter for the morning visit of doctor and friends. Some recommend shaking a

tablecloth in the middle of the room for a few minutes. This may impart, for the time, a sense of freshness, but it cannot, I should think, do much to purify the air. In severe lung cases extra care should be taken to cause as little dust as possible. There is a good hint in Miss Le Hardy's book, "The Home Nurse," on how to avoid making a dust when doing out the grate. But a housemaid can do it properly in her own fashion if she is asked to cause as little dust as possible. To air a room it is best to open the top sash, and, if permitted, nail a piece of old leather to the centre of the top frame; the window then can never be quite shut by any one. If the patient ever leaves the room, open bottom sash as well, and it cannot do harm to open it for a moment now and then, as it is doubtful if *all* the bad air does rise and go out at top, as is commonly supposed. To keep the lower sash up would, of course, not be wise in many cases. The patient is not the only one to be thought of. Many a nurse has got ill herself, or broke down in a case, or got a bad throat, from long continuance in a badly-ventilated sickroom. Miss Wood has very common-sense remarks on air, good and bad, in her "Handbook of Nursing." It is sometimes necessary to close a window in London to keep out fog; but, as a general rule, never have a window quite shut. Some think it a great concession to keep the door open. This is better than nothing, I suppose; but

the door must often be opened, in order to go in and out of the room ; and, moreover, kitchen smells and the noise of the house are more plainly noticed. The temperature of the room should be 61°, unless the doctor desires it higher. When patients begin to sit up, they should have a higher temperature than when in bed. In some cases, as when the brain is affected, a lower temperature may be ordered. If there is a reason for not burning a fire, take away the board, if there is one in front, and push back the register. All needless furniture should be banished from the sick-room, curtains either removed altogether, or tied up tight. Have only one chair in the room, besides an easy arm-chair, if the patient can use one. The fewer places to sit on, the sooner will visitors take their departure. I should keep a few things on the arm-chair, so as not to be expected to remove them for any one to sit in it, and the remaining chair being handed to the visitor. The nurse will have to stand if she remains in the room, which will be a hint not to pay too long a visit. To sit on the patient's bed is, of course, an outrage against the rules of the sick-room. I remember one good lady actually sitting on the bed, and proceeding to recline on the cradle over an injured foot. In very serious cases have just the two chairs, and no more. When the patient is stronger, or if you think a couple of visitors are very nice and quiet, and it will do no

harm to let them both in, then get another. My own impression is that visits are generally far too frequent and prolonged, tiring the patient, and not improving the air of the room. As Miss Nightingale remarks, "The safest atmosphere of all for a patient is a good fire and an open window, excepting in extremes of temperature." A good nurse will always heap up the fire towards the waning of the night. In chest cases this is most important. It is *the* chilly time. It is marvellous to notice how careless many still are about the very simplest precautions for keeping the air of a patient's room pure. I have even known things retained in the room for hours for the doctor's inspection, which should have been removed as far away as possible. Sometimes one sees a number of washed towels or bandages drying on the fender or chair before the fire. The washing and drying ought to take place in another room, if there is one. If the patient can rise and be moved into another room for an hour or two, then, of course, is the opportunity to change or air the sheets. Never mind the appearance, but throw back the top clothing to the very foot of the bed. It is nothing more nor less than a nasty habit, common everywhere, to make the beds as soon as possible after the sleeper arises. Go into a barrack-room early in the morning, and you will perceive a strong sense of stuffiness; very soon all the bedding will be rolled up as tight as it

will go. It would be a funny sight, but a good practice, if soldiers when they were dressed had to take their sheets and double round the barrack square with them before bed-making. It would air their linen and promote their health, and give them appetites for breakfast. There ought to be no drapery of any kind round the bed below the mattress. The air should go freely under it, and if you can see easily under the bed, an untidy nurse will not dare to throw soiled linen or anything else underneath which ought not to be there. In cleansing any utensil used in the sickroom, be sure the lid or cover of it is well cleansed, both out and inside. Miss Wood's suggestion is a good one, that every house with a fan-light over the street door, should have a pane of glass in it to open and shut, and a window open at the top of the stairs, and thus a draught of fresh air would be obtained for the house. Three little apertures an inch square cut in the panes would be a less expensive alteration, and they would be always letting in the air, and no fear, as with a casement, of some one shutting it out.

In paying attention to the ventilation of the sick-room, don't forget the rest of the house. If you are in authority, or can suggest it, have the whole house looked over; and if there is one stuffy room or unsavoury sink, have it remedied. Every closet should have a window which it is impossible quite to shut,

or take a hammer and nail and fasten it so that it cannot shut. What a pity it is that many of the sky-lights in a great London house do not have a window to open in them! If there was one but four inches square, to open by pulling a string from the top landing, the house would be twice as healthy. In Hartley's "Manual on Air and Water" (Society for the Promotion of Christian Knowledge, p. 107), directions are given on the use of lime-water in testing the purity of air in a room.

In London it is best to shut the window when there is a thick fog, as many complain that it gives them headache. Half the diseases of the lungs are, no doubt, caused by the over-heated, stuffy atmosphere of rooms. The poor, to save coals, keep their rooms air-tight. The man goes out to his work in the very early morn, suddenly inhaling the cold, fresh air. No wonder when he gets to his work, if it is in a hot, stuffy workshop, that his chest gets out of order, with these sudden changes. Every one ought to learn to breathe through his nose. If you were to ask any one to walk a mile quickly and keep his mouth shut, most likely he would find it rather difficult. We, most of us, breathe too much and too quickly. Whereas, if we breathed through our noses only as much as we could, the air would get a chance of being warmed before it got to our lungs, and these organs would not be so violently and jerkily worked as they are by most of us.



## V.

*WASHING AND BATHING.*

"HAVING a daily tub" is a good custom far more observed than it was. The officers of the Army and Navy were the great reformers. An officer who joined his regiment without a bath as part of his kit, would be looked upon as a black sheep. But though of late years there has been great improvement, still there is room for very much more. It very often happens that when you tell a servant you want a bath every morning, the announcement is received with an air of surprise, as though the giving of such an order was a proof of eccentricity! And when the order is given, what a bath is the result! A little foot-pan, hardly as big as a band-box, with water barely an inch deep at the bottom of it! The Public Baths and Washhouses have done much good; but any hospital nurse can tell us that she often strips patients who seem never to have been washed all their lives! In health the plain, cold-water bath is, no doubt, good and refreshing; but it is not enough for thorough cleansing; it ought to be supplemented with a good scrub with soap and warm water now and then. Many who are strong enough to bear it, dread cold water. If they used a

flesh-brush, dipping it in the water and brushing themselves vigorously, they would not feel any shock of a sudden chill, as with the use of the sponge. The cleaner the healthier, and so, too, with sick people. The cleaner they can be kept, and the more perfectly they can be washed, with due regard to weakness, pain, and fear of exhaustion or cold, the better chance of recovery. To wash another person is by no means so easy a thing to do properly as some might imagine. "Scrub me as hard as you like all over, only do not shake my head so," is what many a patient has said or wished to say. We have all heard of rubbing cats the wrong way, and also of the evil consequences resulting therefrom; and nurses ought to remember that they should not rub their patients' faces upwards, causing their noses to tingle, the tears to come into their eyes, and making them hate to be washed.

When washing is performed quickly and thoroughly in a considerate manner, and with all proper delicacy, it is quite a treat to the patient. When washing a patient, take plenty of time; keep every useless individual away if you can. You might have one assistant to bring you hot towels, and warm fresh clothes from the fire as you want them; but keep every one out of the room for a good hour if possible. The patient is sometimes a little tired, sometimes a little hungry, sometimes inclined to doze after the wash; so let him be undisturbed and

kept still and warm, not sitting up or putting his arms out of bed to read or knit. If the patient can wash his teeth himself, let him by all means, and the oftener the better. I do not think this is a point half enough thought of. Faces and hands are washed several times daily, but the mouth and teeth are often quite neglected. I do not want to go into unpleasant details, beyond saying that it is better for the patient and his friends that his mouth and teeth should be as clean as they can be kept. Perhaps all of it could not have been prevented, but what can be more distressing for persons coming to take their last look at the dead, and seeing the teeth, once so pearly bright, quite dark and yellow. Frequent rinsing of the mouth with Cond's Toilet Fluid, or Eau de Cologne in water, is most refreshing to the patient, if he is not in a state which would cause him to be likely to swallow it. The food would be more enjoyed, and be healthier as well, if the mouth and teeth were thus cleansed before meals. It is a good rule to test the heat of a warm bath with a thermometer, instead of trusting to the hand; and it should be remembered that a person is more sensitive to heat one day than he is on another. So have plenty of water, warm and cold, at hand, in case any change is necessary. This reminds me of the abuse of the rule, "Always put a poultice on a patient as hot as he can bear it." Nothing can be more stupid or cruel. Let the poultice be warm,

and let the patient test it by placing it for a moment near the part to which it is to be applied. Some people can bear heat better than others. The nurse may have been dabbling in hot water for years, and fancy that to be warm which to her patient feels scalding, and the tender wound cannot bear so much heat as the healthy skin. Let the poultice be as warm as the patient likes to have it, and, though it gives extra trouble, change it a little more frequently. If it was red-hot when put on it would only keep warm a few minutes longer than a warm poultice which the patient could bear, and the extra changing would not tire so much as the fright and shock of clapping on a poultice which causes the patient to wince and cry from pain. Cullingworth's *Manual* will give you ample hints on baths in the sickroom. The head and hair are often neglected, even when great care is taken to wash the rest of the body. To have one's head dried after shampooing in a hairdresser's shop is often a trying ordeal, but any rubbing and shaking of the head is much more dreaded by sick people ; but now and then, if able to bear it, head and hair must have a good wash, every care being taken to prevent cold being caught. Be lavish with pillow-cases, and let the patient have a clean one very often. In brushing and combing hair undo the tangles at the ends first, with one hand, while with the other hand grasping the hair nearer the head, so as to avoid either pulling or

hurting it. In some cases continual brushing out the hair is much enjoyed from its soothing effect. Some women would like their heads brushed for hours. This cleans the hair to a certain extent and refreshes, but washing alone cleanses the head.

A nurse should always be extra clean—face, hands, apron—when bringing food to a patient. It will make a difference in his appetite. I believe that many a patient has greatly improved in his culture of personal cleanliness by the lessons received on his sick-bed. All sorts of soaps are in use, and some medicated soaps are useful in infectious cases ; at least they are highly recommended. For hands and face Pears' soap seems the favourite. I have seen patients, when just strong enough to sit up and wash themselves, go on rolling the ball about over their hands quite like a child with its toy, and it cleans quicker and better than most soaps. Never allow the towels, sponges, brushes, or soaps used by the sick person to be used by any one else. A basin of water, soap, and towel should, of course, be always handy for the doctor, and if it is an infectious or contagious case it is as well to make the clergyman or any visitors wash their hands before leaving the house.

## VI.

*THE FIRE-LIGHT.*

A FIRE, large or small, constantly burning, and the window a little open, keeps the room well ventilated. You should have two side-pieces of iron, wherewith to narrow the grate when you only wish to burn a small fire. The best of coals should be used in the sickroom—those that keep long aglow and make the least dust. Very few people understand the art of making and keeping up a fire. Make a good fire at first, and do not let it go down; so that a few coals placed on it now and then keeps it going. An old broken walking-stick will do to clear the bottom bars, and let the air get at the fire. This will make less of a clang than the metal poker. When you put fresh coals on, do not use scuttle, shovel, or tongs—you will make a noise, and drop lumps on to the fender; but have a large housemaid's gauntlet by the side of the fireplace; you can slip it on and shake it off in a moment. You can thus take up the coals with your hand, and put them noiselessly on the fire, and can place them, too, just where they are most wanted. The housemaid should have a brush with a long handle, and use it well above the grate, as far as the


arm will reach, very carefully, so as not to drive any soot into the room. The fire will then burn better, and the chimney will be less likely to catch fire. When the fire is almost out, and you wish to draw it up, a piece of wood—the lid of an old wine-case will do—can be held across the fireplace. This will not catch fire if used watchfully. A large newspaper will draw it better, but if it catches fire and flares up you may alarm your patient. If you do use paper, first place the poker leaning on the top bar, and the shovel the other side; this will slope the paper away from the flame, and it will not be so likely to burn. As a general rule no cooking ought ever to be done at the fire in the sickroom; but, of course, in many cases it must be. You should have a movable hob to fit on and off the top bar. This hob should always have the kettle on it. If any one thinks the steam ought not to come into the room, turn the spout towards the chimney. In some illnesses doctors want the steam to come into the room. Every day some pieces of coal, just a little burnt, should be brought up from the other grates; this will get alight much quicker than fresh coal, and smoke less. When your patients are allowed up for a little time, get the fire up a little before they rise from their warm bed. A fire, besides promoting warmth and ventilation, is a cheering companion. How often does one see a sick person, quite happy, sitting cosily by the fire, dreamily

watching it. Your patient must not be too close to it. It is not good for the weak eyes of a sick person to be staring at the red-hot coals, and the great warmth is weakening. I expect that sitting on one side is healthier than in front of the fire, the draught of it attracting much of the foul air of the room towards the chimney. Remove all the useless ornaments and nicknacks from the mantleshef. Two little vases for flowers are enough. A clock that ticks silently can stand in the middle, and then there will be plenty of room to put things on and off the mantelshelf when convenient, without the clatter of knocking ornaments about. Be very sure that you always look and see that you have plenty of coals to last well through the night. Keep your matches on the mantelpiece, always putting them in the same spot in front of the clock, so that in the night you will know exactly where to find them ; and if the fire has gone out, the ticking of the clock will guide you to where they are. If your patient is well enough for you to sleep in the next room with your door open, then have your matches and candle on a chair by your bedside. Some patients object to night-lights. Those little wheels for lighting fires are capital things, only be sure they are kept in a very safe place. The nurse should always have one or two in the cupboard or drawer in the sickroom, and then if the fire goes nearly out, it is very easily made again with one of these. Most oil and grocery



shops keep them. It is wonderful what prejudice there is against their use. In some lodgings the maid will use one to light the fire in the morning, but disregard your constant demand for one to be left in the room to use if necessary. Whether this is for any economic reason or for safety I must leave to the conscience of landladies.

As regards *Light*, I think sickrooms are not kept quite so dark as they used to be. The feelings of the patients must be studied. Some, however, do not find out for a time what it is that worries them. Some can name their trouble at once. As a rule, the lighter, the healthier. In the summer mornings, if the light wakes your patient too early, never keep it out with the shutter ; but if the white blind is not enough, pin up some light, thin, dark stuff over the window, or over the part of it which sheds the light on the patient's face. In the evening a sickroom is often a more dismal-looking place than it need be. Many invalids are able to enjoy themselves in various ways for some hours before composing themselves for the night. One or two candles only half light a large bedroom, and bother the eyes more than a good lamp. A patient close to Regent Street, who had to remain in her room, a very large one, for some time, had a present of a lamp given her by a thoughtful friend. She just walked into Hony's, and purchased the Queen's Reading Lamp, with a pink shade, and when I paid my next visit




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the room had quite changed its appearance ; there was a warm, bright look about it. The glare of one solitary candle worries a patient more than the subdued light of a well-shaded lamp. This patient had a first-class nurse, who, like the best of nurses, did not mind what she did if it kept her patient comfortable ; for she used to fill and trim the lamp daily with no trouble ; and a useful present that lamp was.

## VII.

*WATER.*

PLENTY of it, and good. In London, or wherever you think the water is not good, have a filter. I believe myself that the water in London is as good, and better, than much of the water supplied in country towns and villages. If you use a filter, be sure you know how to cleanse it, and do it regularly. I was present at one death caused by drinking water from a foul filter. If in London, the firm who sold you the filter will be the best persons to see to its cleansing periodically. The filter, or the vessel of drinking water for your patient, should not be kept in the sickroom. On the window-sill (outside) of the adjoining room is the best place for it, if in the shade. A thin cambric handkerchief, kept on by an elastic band, will keep out dust. If the vessel is in the sickroom this is important; but the drinking-vessel ought not to be kept there. Have a drinking tumbler of the best and clearest glass, and make it look as bright and clean as possible before filling it with water and offering it to your patient. You must take care that the drinking water is the best in the house. It should not come from a lead cistern; and the cistern it does come from should be watched and kept clean. A water-tap in the closet



is very handy for the housemaid, but this tap should not be used to fill any drinking or cooking vessel. Charcoal is the best purifier of water. Dr. Hartley advises one to have a filter with *animal* charcoal, which is better for the purpose than the vegetable, and to heat it red hot on a shovel at least once in six months to cleanse it. If in the country, and you wish to make a filter, you will find plain directions on p. 118 of Dr. Parke's "Personal Care of Health." The water used in a sickroom should be the best that can be got, no matter what it is to be used for. The nurse ought to have a large supply provided for her in the adjoining room, and in the coolest part of it. When drawing water from a tap always let a little run off before you begin to fill your vessel. Patients are often like children, and dislike being washed; but, nevertheless, washed they must be. I believe that many a person was never properly washed since childhood till they were taken in hand by a good nurse in a hospital. Some wash the patient half in the morning and the other half later on, so as not to tire. I believe that a good nurse will manage the whole affair better at one time, and tire the patient less, besides the saving of the second washing hanging over him. It is an old nursing rule not to uncover the patient's body, if you can help, except the part you are actually washing. Of course all depends on what is the matter with your patient; but, if he is strong

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enough to bear it, he should be well rubbed, besides drying, to promote a glow of refreshing warmth and circulation after his bath. This should not be done as with a person in robust health, as all violent reactions in treatment are to be avoided in the case of the sick. If the patient cannot be moved from bed, you will, of course, take every precaution to avoid wetting the bedclothes while washing him. If the patient is able to bear it, a fresh sleeping-dress should be put on him directly after the morning bath, and another clean one at the time of composure for the night. To feel nice and clean is pleasanter for the patient, better for him in every way, and for every one else in the room. Take care that if a water-bed is used that it is filled with good water, and not with dirty rainwater. The bed should always be tested before filling it in the room. I saw once a very practical example of the usefulness of this hint. If you have plenty of available hands, and your patient is not nervous, three on each side can easily raise the patient up horizontally, while the water mattress, ready filled, is slipped up. In washing a patient those parts of the person where there is most pressure from reclining, and where there is most perspiration, are the places to be most carefully washed and dried. All towels and sponges after the bath should be dried in another room, or, if there is need for it, placed in the disinfecting fluid. The dressings *next the wound* should be always burned, not washed.

## VIII.

## NOISE.

TIE the door-knocker to the door. It looks so untidy to see a bit of white glove. If there is a window at the side of the hall-door, place a legibly-written bulletin in it, or if there is no side window, write it on a card and fasten it to the visitors' bell. This will save many a knock and ring, and spare the servants many a run up and down stairs. Rooms at the back of a house in London are generally the quietest; but you must consider many points besides the question of noise—the aspect, whether it gets much or little sun, near a wall of adjoining house, smell of stables, size of the room, &c. In the sick-room you will, of course, not make more noise than is absolutely necessary; but you should move about in it naturally, not with an artificial tiptoe manner. “Please to shut doors quietly,” is a good notice to hang up at the foot of the staircase. One has known a doctor pay his visit, enjoin the utmost quiet for his patient, and then leave the house with a bang of the street-door, which shook it all over! It is very curious to notice how people will sleep when there is plenty of one kind of loud noise, and yet awake at once at the noise of a sound which seems trivial in

comparison. Some persons cannot knock at the sickroom door or any door in a quiet way. It is a regular thump. A little tattoo with the finger nails with the back of your first and second finger is heard quite plainly in a quiet sickroom. Knocking at the door should be the invariable custom when about to enter the sickroom. I was sitting once with a lady patient; the door opened suddenly, and in walked a well-known physician, with a suddenness that might have settled a patient suffering from heart disease. I was once visiting another lady patient, and her medical man, also well known, burst into the room without notice. She informed me subsequently, when I remarked on this, that "Dr. — never thinks of knocking." Another time I was sitting with a patient, an operation case, when the sitting-room door was opened with a crash that quite shook the bedroom where we were. The patient said, "Whoever can that be?" I told him, "Most likely the doctor!" And so it was. As regards knocking at the door, priest or physician, Belgrave Square or hut in a hamlet, a tap at the door should always be given before entrance into the sickroom. Conversation and consultation just outside the door, or whispered conversation in the room are, of course, not to be. There are two ways of whispering, though. It can be done in an irritating kind of a way; but a good nurse can say quite enough when she wants, so as the patient can



neither hear nor be fidgeted. All books on nursing denounce rustling dresses and creaking boots; it is also very annoying to be fed by a nurse who creaks all over her waist when leaning over you! Since writing this sentence I see Miss Nightingale also denounces creaking stays. Sometimes patients get a little deaf, and then they reap the benefit of hearing more noise than they need. Friends are not so careful, forgetting that though a patient cannot catch every word you address to them, still they hear some of the words, and can hear other noises that go on, such as the rattling of fire-irons. Sometimes a minute sound is heard when a louder noise is unheeded. I had a servant in India, who could hear every word said to him in a gentle whisper, but who would not have turned his head if you discharged a gun just behind him. Sound, judiciously managed, soothes. How often does one see an excited patient calmed by a few words softly sung! Ears and nerves differ. Some cannot sleep with a clock ticking in the room; some say they like it. It is very difficult to remember to do everything quietly in the sickroom. A nurse may have been wonderfully quiet for ten hours, and then pour some water into a pan with noise enough to make a patient fancy himself under the Falls of Niagara. After all, the whole art of quiet lies in self-possession, recollection, and common-sense.



## IX.


*FEEDING THE PATIENT.*

DR. CULLINGWORTH, in the "Nurse's Companion," p. 12, says, "A golden rule of nursing is never to wake a sleeping patient." He makes this remark in his chapter on the administration of food. It is a rule I have seen broken again and again. There are exceptions to the rule, but sometimes the patient is aroused and fed with a small quantity of food, which does not compensate in nourishment for the loss of strength from the rash awakening out of refreshing sleep. Patients have died from being allowed to sleep too long, no doubt, but the vital powers of many have been needlessly taxed by too frequent disturbance of sleep. When you do have to administer food at stated times to a patient asleep or awake, do it as gently as you can; children, especially, will very often take a little medicine or food when half aroused, which they would refuse when awake. You must be sure, though, that there is no difficulty in swallowing. To give food nicely to a patient is by no means the easy thing it looks. When a patient is semi-conscious there is sometimes a great difficulty; he will frustrate all the efforts of the experi-

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enced nurse, and then take a spoonful at once from the hand of a relation, who hardly knows how to hold the spoon, and shakes all over. Most people put too much in the spoon; it should never be quite full, for more reasons than one. Be very honest in your feeding of patients—I mean that you should let them have what the doctor orders, and never what he forbids. I have known things given which the doctor is not told of, and which ought not to have been given. I remember one case where death took place soon after this injudicious kindness. When you have to give strong stimulants to a patient note at once the required amount to be given; it might make a serious difference to forget and mistake the order, and give a tablespoonful each time when a teaspoonful was ordered. If you have to give brandy, measure the quantity in a clean medicine-glass every time. Do not guess the amount by your eye. Little differences mount up. When you have to get your patient to take meat, make it, of course, to look as inviting as possible, with the cleanest of plates, knife, and fork. But, if he requires coaxing, do not put too much at once before him. Cut the meat in half, put one piece before the fire to warm, and tell him when he has eaten the first, he shall attack the other. If you place the whole at once before him, perhaps he will be frightened from eating any. Get your patient to eat slowly; this is a point often not thought of; and

a fit of indigestion is sometimes a very serious thing with a patient just recovering. Always put a covering over the shoulders when he sits up to take his food, and put a support of cushions behind his back. From neglect of this, the patient, in his weakness, tires and sinks back, and says he cannot eat any more. If you had propped him up, he could very likely have gone on eating as long as you let him. When vomiting is feared, feed frequently with minute portions. It is wonderful how much can be kept down in this way. If the room is very healthy, it sometimes answers for you to take something to eat the same time as the patient. Eating together and talking brightly often makes the patient not think of being sick, and so he retains the food. When the meal is over, away with plates out of the room at once. When meal time comes again, there is a fresher, brighter look about the whole thing when you go and get it, than when you take up the tray of half-eaten food and go out with it, which is enough to take away his appetite for what you are going to bring in upon that tray. You will keep as little food as possible in the room. It all seems as nice again when you open the door, and come into the room as if fresh from a well-kept kitchen. When you do have to prepare or mix any food in the sickroom, wash your hands first, wipe clean everything you are using, and your patient, who notices your proceedings, will be far more ready



to eat and enjoy the food you bring him. It is an excellent plan, though I never see it done, to get the patient to rinse his mouth out before taking any food. In many diseases (if he is not likely to swallow it) a little toilette Condé fluid, in water, would cleanse and refresh, and make the food more wholesome to swallow. Early in the morning, if the patient is very eager for his breakfast, try and get him to have his mouth washed out first. This is most necessary at this time. Sometimes—especially with very old people—a sudden craving for food is a bad sign; they must be fed, but the greatest care taken that not too much be given. As a rule people do not like being looked at when feeding, and, if you can with safety be out of the room a little while the meal is progressing, all the better. Do not make a practice of going right away altogether; the still silence makes the knife and fork go up and down very slowly, but come in with a can of water, or something, with a bright, cheerful look and remark, and your patient will be much more likely to feed as you want him, than if you left him altogether, or sat still in the room, while he felt you were listening to his knife and fork. Try and manage that no visitors shall call for at least an hour after your patient's best meal. A noisy or talkative visitor to listen to is fatiguing to a weak patient at any time; but even a quiet one is a bit of a strain sometimes; and digestion will be better,

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and strength saved, if there is a good interval of quiet after food. Some patients suffer from not getting what they like, some from always getting what they do like. It is a bad thing to encourage patients to be fanciful, but it is really cruel to try and get them to take one kind of food instead of another they prefer just because it involves a little trouble. It is very surprising what quaint dishes patients will propose and eat, if got for them; and, if they fancy anything that is good for them, they ought to have it, instead of being fed under routine to save trouble. That is a capital chapter on food in Miss Nightingale's "Notes on Nursing." I do not know if scientific men of the present time would agree with it all, but it is brimful of good common-sense, and ought to be read by every nurse. A good simple cookery-book will often suggest a nice dish for your patient, when he seems not inclined for anything. A nurse ought to be able to open an oyster, among other accomplishments. A patient will eat his half-dozen, opened as he eats them, far readier than when all placed before him like draughts on a board. I do not think that sufficient allowance is made by doctors and nurses for the previous history of a patient's stomach. Some have been accustomed to much meat; some to little; some to much fluid in way of soup; some to no soup, but to cups and cups of tea. All seem looked upon and are dieted as if they had all fed

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alike in quality and quantity all their lives. With all diffidence, I think that this is a matter not half enough considered and allowed for. As regards alcohol and total abstinence, I can only say that I know cases where far too much stimulant has been given, and continued, by the medical man, and where plenty of stimulant, in another case, seemed to save or prolong life. Other things might have done as well, perhaps, as in the case mentioned by Lady Barker ; but sometimes brandy and water will keep down when nothing else will. When a patient is very thirsty, taking a little liquid at a time, not swallowing it at once, but keeping it in the mouth for a moment or two, often quenches thirst better than swallowing much at a time.

## X.

*VISITORS.*

FREQUENTLY a great nuisance. The fewer the better. How often has a faithful, worn-out nurse seen the good effects of her last twelve hours' care utterly undone by a thoughtless visitor. As Miss Le Hardy observes, they worry like blue-bottle flies, buzzing in the sickroom. I always get the patient to make use of the doctor for self-protection.

"It is absolutely necessary that ———— should be kept as quiet as possible, and that no visit be prolonged beyond ten minutes.

"(Signed)                    "A. B.—M.D."

If the medical man writes this on a good-sized card, pin it to the door of the sickroom, or let the nurse hand it to the visitor before entrance; then if the visitor stops beyond the time, the nurse must go and turn him out, civilly, of course. Here is where tact is required. The patient takes the nurse into confidence, and will get her not to admit some visitors—not to let some stop even ten minutes; and when the visitor does not tire, but seems to do good, let him not be hurried away. Patients and nurses have a hard time of it sometimes,

wishing to refuse one person and see another. Two visitors will call at separate times ; one is just right in a sickroom, the other most unsuitable. If you admit one one day and refuse the other on the next, then there are hurt feelings ; or one's uncle may be a very acceptable visitor, and one's father-in-law a terrible old bore ! There are plenty of untruths told to get out of admitting tiring or indiscreet visitors. The nurse who has her patient's confidence can manage, if she chooses, without this lie-telling. She ought to be commander-in-chief in the sickroom, and if it is necessary to save her patient a tiring or worrying visit, let her simply, with her patient's leave, send down the patient's "love or kind regards, and will they call again in a day or two?" Often, though, it cannot be helped ; the most objectionable of all visitors may be the patient's own mother, who will talk and fidget and worry more than any one else. The nurses can sometimes manage a good excuse truthfully if they knew when a tiresome visitor is likely to call—changing, a dressing, quiet for sleep, taking a meal. "I would rather you did not come up to-day, sir," without giving any reason, is often an effectual preventive. Some visitors seem to come chiefly from curiosity ; they want to hear and see all they can. "They would like to see the *place*," to know "How you felt when first going off under chloroform ;" or, "Didn't you feel anything at all?" "I should like to see Dr. —.



You said he generally came about 3 p.m. I think I shall call at that time ; perhaps I could have a good look at him on the staircase ;" or, "How did you feel when delirious? Can you remember what you thought and said?" A monthly nurse is generally allowed to rule with despotic authority ; but I know that very often, after some confinements, in due time, there is no more risk than after some very serious operations ; and yet a nurse with an ovariectomy case, before twenty-four, much less seventy-two, hours are over, has sometimes hard work to keep away some fussy relation. Then, too, how stupid some visitors are, talking of things they ought not. The visit paid rather late, leaving the poor patient to dream of what he has just been so injudiciously informed—the sinking of the *Princess Alice*, and hundreds struggling for their lives in the dark waters of the Thames. Or the visitor thinks he knows a little about medicine, and wonders "why Dr. — does not give you this thing instead of that." The worst of all visitors is the preaching visitor. The patients are spoken to as if their illness was a distinct punishment for some grievous sin. If the patient is a very cheerful one, a letter will perhaps come next day, saying, "How grieved and shocked I am to find you in this condition. I bid you reflect in time," &c., &c., "and I hope you will prayerfully study this little book which I send you." I am not sneering at religion, but the abuse of it.

There are too many people in the world whose religion consists in concerning themselves with the state of their neighbour's soul rather than their own. I have known patients quite worried and made ill from these selfish, thoughtless visitors. If there is to be any preaching, let it be done by the clergyman. Let the patient send for any clergyman he fancies, to help and guide his soul through illness, and try and stop all needless preaching and religious conversation on the part of visitors and friends. Sometimes a serious doubt on some deep question, followed by fear and intense depression, is the result of the conversation of a religious visit. Clergymen often make mistakes in their visits to the sick, as well as other people. I will offer a rule or two on this matter later on. Sometimes patients will see as many visitors as they like, and for as long as they choose. Nurses, especially with the younger patients, often win their gratitude and esteem, and they can endeavour, with some success, to stop this over-seeing of visitors ; but all patients are not alike, and she finds herself obliged to see going on that which is most hurtful to her patient. Even the doctor cannot always help ; parents and friends will not always obey in these matters. The nurse must simply do her best. Visitors should never say, "I am only just come to see you for five minutes." The conversation gets interesting, the time passes, the patient does not like to hint to the visitors

they are stopping beyond the five minutes, and he gets in a fidget. The visitor should come in, talk brightly and pleasantly, and when the time allowed is up, they should get up and say, "Good-bye," and go. Go at once, always, when you mean to go; and when you say you are going. "Now, my dear, I must really run away," and the good soul who says this, rises, talks, and perhaps sits down again for ten minutes longer. I think I have been rather hard on visitors, so I must say that it is by no means such an easy thing to visit well in a sickroom. Some books tell you never to question the sick. I am quite sure half the people who give this good advice, do question their patients when they first enter the sickroom. Let the reader, however experienced, examine himself during the next few visits made to the sick; I expect he will find there has not been a visit without a question. It is the way questions are put that is so trying. "Well, how are you getting on?" "Have you got everything you want?"—two simple questions, which might be said in a way that might either frighten or offend. The object of the visit should be simply to vary the monotony of the life in the sickroom, and the patient should always feel cheered, and not tired, after the visit. Occasionally the nurse finds the most important help from some good visitor, one who, without wanting to interfere in another's household, can, nevertheless, help both nurse and

patient in many ways. I could call to mind numerous instances where the visitor has been quite the useful help of all, next to the nurse, throughout some long and trying illness. I will not go into particulars lest I should seem to violate confidence; but I will give an idea of the way in which a nurse would be glad of the help of a judicious, trusted visitor. The illness is of a very serious character; the nearest relation, perhaps, is in a very excitable, anxious state; the patient is very weak; something has gone wrong, or is very much wanted, in the sickroom, or the experienced eye of the nurse detects the beginning of some important change in her patient. It is better that no one should know what she wants or perceives, in case of any extra alarm and anxiety being caused. She tells her secret to the visitor, who goes and orders the thing wanted to be sent at once, or brings it, or summons the doctor, who, if he has the hint, will just say, "I should like just to have another look at my patient." He can, by his look and manner, take away any ground for alarm. "Well, nurse, I did not mean to come again to-day; but here I am, after all. How are you getting on?" And then he will soon be able to do what is wanted. Again, it often happens that there are some little things to be done which the nurse can do better with assistance. If relations are nervous, or servants awkward, the nurse will often be very glad to make use of the one visitor

who seems the most fit to be in the sickroom. I have often been asked by nurses to do some little thing for them, just because there seemed to be no one else they cared to turn to for help. If a nurse asks you to help to lift a patient, she should always show you how and where to use and put your arms and hands, or tell you exactly what to do as if you were a child, when requiring your assistance in anything important about the bed or change of linen. I mean, don't mind her telling you to "do this or that, or put your hands this way, or not move them that way." A nurse who is very proficient forgets sometimes that what is simple to her is puzzling and strange work to the person she asks to help her. What she wants is a person who will just do whatever she is told to do just as she told her to do it. She would sooner have a quiet, dependable person, who will let her order her about the bedside and be glad to obey, than have the help of a more talented person, who begins to do things in a hurry, and who does not like to seem ignorant, and so makes mistakes, or is awkward from not asking what and how to do it. A friend is often of great use. Sometimes a member of the family cannot be spared, and a visitor who gets on well with the nurse, and is trusted by the patient, may be employed in all sorts of ways. The patient, for instance, might have something he wished to have arranged, but which he would rather his friends did

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not know, and which they need not to know. The visitor who is trusted can here be of great help, take the message, or write the letter, or see the person and settle the matter, and the patient will be saved hours of anxiety. I am well acquainted with a large number of nurses, and know something of their difficulties; I am sure they would all say that fussy relations and injudicious visitors cause half of them; but that again and again some one visitor was simply help invaluable, and in some few cases they would confess "that had it not been for — I should never have pulled through that case." A nurse will very soon see who she can best rely upon in the household. Sometimes it may be the under-housemaid, the elder brother, a lady friend. It is surprising how the best help is often to be found where least expected, and where it ought to be found it is missing. A nurse who has a difficult post and wants help will give the person whose help she prefers a good hint to come pretty often. "She is always better after seeing you," or "I know you never tire him, sir," is encouragement to come again soon, and, if the nurse has the need, she will soon take the visitor into her confidence. Visitors should not offer to read aloud to a patient. He sometimes does not like to say "No," but it is often dreaded like an operation. Say to the patient, "Anything I can do for you—read, talk, or be silent—just tell me." And if he feels you mean what

you say, he will make use of you when he wants you. How characters come out in the sickroom ! Some visitors seem preternaturally grave, some come in looking nervous, some take their leave so abruptly (always a mistake), some seem so artificial in their brightness, some talk to the patient as if he or she was a little child of five years old ! When you visit a patient in a lodging, always send a note up to the nurse, or patient if well enough. Servants often make a hash of names, and visitors the patient would have been only too glad to see, get sent away sometimes. The nurse can and ought to give the visitor a hint as to the patient's condition, for very often a patient is really worse in some ways, although he seems to look better. " Mr. — is a little tired to-day, sir," is hint enough not to stop too long. With many nurses I can tell in a moment, without their saying anything, how their patient is, and shape my visit accordingly. Sometimes a nurse will leave the room to let patient and visitor talk in private ; sometimes the unfortunate nurse is obliged to remain in the room at the patient's request, and at her own discretion, to prevent the indiscretions of a fussy visitor. One visitor will want the patient to call in another doctor of his own acquaintance, and be constantly urging this. The presence of the nurse, who has been provided by the doctor in charge of the case, is a great preventive of this meddling kind of advice. A young

patient will sometimes be overawed or persuaded into taking a little mixture which the aged relative, whom she fears to offend, has made up on purpose for her to try. Indeed, I think that in serious cases of illness, nurses are, if anything, very often too civil and over lenient. If they stop in the room, the visitor thinks them rude, and conversation is awkward; but I am quite certain that very often patients have suffered from being left alone ten minutes with an indiscreet visitor. Nurses ought to be models of reticence and souls of honour, and the patients, without giving all their reasons, can give them hints about not leaving them at all or too long with particular visitors. Remember, too, that public hospitals are not the only places where friends have to be watched. Stimulants and injudicious articles of food are surreptitiously brought by visitors to patients in private houses. More than once a nurse has found a change in her patient, which she at first put down to the fatigue or excitement of the visit, but which was the result of this stupid, deceitful conduct. It is an old trick to bend well over patients, give them a prolonged kiss, and slip something under the pillow while giving it. Some visitors are very thoughtless in the way they show their sympathy. They will take the patient's hand into their own, and hold it for half-an-hour or so, the unfortunate patient not liking to withdraw it, yet wishing most fervently




their friend would "let go"; or another one will go on stroking the patient's head or hand, worrying them dreadfully. It is quite true that sometimes this may be done in a way which soothes, but often it goes on in a way enough to drive the patient distracted. A nurse, when she sees all this pawing, petting, patting, squeezing, holding, going on with the visitor's hand, must feel inclined to give it a good slap, I should think. If it has been raining, damp cloaks and wet umbrellas should never be brought into the sickroom. One would think no one would be so thoughtless, but there is reason to insist on this rule. If the patient is very weak, do not allow him to see more than one visitor at the same time. If two arrive together, better each should see him separately for five minutes than allow both in together for ten. The visitor should, after greeting the patient, sit down at once. Some people hear much better with one ear than the other; sit, then, with the best ear nearest the patient. Nothing fidgets a patient more than standing opposite him at the foot of the bed. There should always be a table at the foot to prevent this. If you are addressed while leaving the room, do not stop and talk, but come back to the patient's side, and then go away when all that is to be said, is said. When left alone in charge of a patient, while the nurse is away, if he is very bad, and half conscious, remember there are two

ways of watching. Do not sit looking fixedly at him. I almost believe that you could wake a sleeping patient by silently staring at him. Sit down, look at a book, knit, or, if it is necessary to stand, lean against the chimney-piece as if you were thinking of nothing particular but warming yourself. Every now and then you can look out of the window, gaze at a picture, look round at the fire, cast a natural sort of look towards the patient, and see how all goes on without his feeling he is being *watched*. When patients are very bad, and the brain is beginning to be a little affected, their gaze will frequently, in a restless, anxious way, wander all over, upwards and around the room. Sometimes they will stare most fixedly at you. Don't stare back, turn over a leaf, shake the knitting, and take no notice, the patient will look reassured, and go on with his looking about. A nurse would never leave her patient in any one's charge for a moment if there was any chance of a serious change taking place in her absence. Visitors are generally over-anxious to do something—to do any little thing they can—the patient may need. Do not do as so many do, rush to the patient's side whenever he moans or turns, or clears his throat or mutters something. If coughing begins, do not at once go and hold the spittoon to the lips; wait till you see if it is really likely to be wanted or not. Often, too, a patient prefers to wipe his own mouth, if strong

enough, rather than have his friend do it, though he does not mind the nurse performing the office. Never lift a patient if he asks you; there is more than one reason for this. There may be a special reason why he should not be allowed to be too high up in bed; and also, unless you are well able to do it—you may tire the patient by your awkwardness—always call the nurse. More than once patients have asked me to do something for them, and I have waited for the nurse, and have been told by her that I was quite right not doing what I was asked to do, as Dr. — did not wish it. A patient is going to have a hypodermic injection presently, and wants to have something he had better be without just before. By the way, the nurse should always have the key of the drawers, or the key of something in the room, and lock up the hypodermic instrument, and all the opiates and stimulants. There are many patients who would try and get a visitor to help them to an opiate, or would stagger out of bed to get it for themselves, if they could manage the chance.

A word or two about the dress of visitors. A woman should not put on her best finery in visiting a young sick friend. To see another person, fresh from the full enjoyment of the “pomps and vanities,” is rather tantalising to some patients, and may tend to make them fretful. If the patient is very ill indeed, deep black is objectionable. The



sisters at University College Hospital are in black, but there is plenty of white all about the head and over the chest, and a white apron often on as well. Once I was in the room of a dying girl. She was asleep, her mother by her side, other relatives in the room; and I was standing leaning against the wall by the fireside, all the chairs being occupied. Suddenly she awoke, looked at my dark figure, sat up in bed, and conjured me to return to the place of darkness! I walked quietly out of the room, put on my pocket surplice, came back into the apartment, and was welcomed with the same bright smile with which she always received me. For a few minutes she lay perfectly composed, said something about heaven and the angels, and then breathed her last. That is one good reason for my prejudice against black garments in a sickroom. Never allow visitors to talk of the appearance of a patient in the sickroom. It has often been ruled that is not to be allowed, but it is a rule broken by nine out of ten. I have seen a nurse raise the clothes, look at and feel the feet, and say, "Yes, ma'am, his legs are dead already!" Sometimes sick people can hear, though they can make no sign to show that they can hear. A lady writes to me—"I was often pained and annoyed by friends talking over me. Some would say, 'She cannot live long!' 'The doctor says she cannot live the day!' 'I believe the sense of hearing is often the last to go,


and the first to return !' The whispering of my nurse and friends was a great trial to me." No doubt much may be said which the patient cannot hear, and much be done which he cannot notice ; but often patients can hear and notice much more than friends or even many nurses imagine.

One patient writes to me—" Throughout my illness my nerves were unusually sensitive. Little sounds, such as whispering, the rustle of a silk dress, and other little things, such as one would not notice when well, startled or irritated me. It was the same with my brother, and we therefore made it a rule never to whisper in or *near* his sickroom. Speaking in a low tone did not disturb him. In illness I have found the senses more acute than when in health, and consequently several times I could not avoid hearing remarks made outside my room, and even on the stairs, respecting my health, &c., which were not intended for me. My brother's senses were also marvellously acute even to the last. He more than once startled me by reading my thoughts. He was able to note nearly all that was going on even when others would have thought he was scarcely conscious."


## XI.

*SERVANTS.*

THERE is the good, high-principled servant, who, when there is illness in the house, seems glad to do all she possibly can for the sufferer, for the nurse, for the relations. There is the servant who does all she is told, with seeming alacrity, for the hope of a "tip." There is the servant who simply makes herself as useless and disagreeable as she possibly can, if the sickness entails any more work upon herself. It is right that they should not have too much to do in the way of extra work, in consequence of sickness occurring; but some little extra labour cannot be avoided. And it must be remembered that, though illness involves additional work in some ways, it causes less work in some respects. Coachman, footman, horses, carriages, may be, are not wanted quite so often. Less company, less dinner-giving, less dressing and undressing for the ladies'-maid; the housemaid and the cook are, perhaps, the chief busy ones on these occasions. It is often good to get in an extra servant for the time being—it depends on the nature of the establishment; and servants, as a rule, would rather have extra work than have a stranger called in at these times. Though illness often proves servants to be




very selfish and unfeeling, it often proves them to be very devoted. A little kitchenmaid—the undergardener, perhaps, hardly known by sight to master or mistress—will now work like a slave, and go messages all day. When the lady of the house is ill the chief difficulty is often with her own maid. If she has been long with her mistress she naturally does not like to see her in full charge of a nurse, who seems to have a position towards her mistress, which she (the maid) never held. It is hard for her to see her mistress quite dependent on another, doing as that other tells her, and to feel that she herself, who has waited on her for years, and is in her full confidence, is now rather in the way at times, and comparatively useless. If there is want of tact on the part of the nurse, the maid's jealousy will develop into hatred and anger, and however much she may attempt to hide it, her mistress will soon find out that she and the nurse do not love one another! And what an uncomfortable position for a patient to be in! I have seen this kind of thing, and it is just one of all quarrels the most difficult to act the peacemaker in. If the maid is nice and civil, the nurse will, with discretion, make as much use of her as she can. I have seen the old confidential maid and the young nurse working most friendly together. I have seen the maid who has been but a short time with her mistress, and an experienced nurse, ready to devour each other like the Kilkenny



cats. The nurse's interest is to keep well with everybody, and so, if possible, she will ; but it often requires much tact on her part to keep the maid in a good humour. When the nurse has come and seen her case, and notes how things in general are in the household, she will let the maid have as much as possible to do. But the nurse should never, as it sometimes happens, be expected to play second fiddle to any one in the sickroom, except to the doctor. If she knows her work thoroughly, she will always listen respectfully, and, if possible, meet the wishes of the parents and relations in charge ; but she ought never to be expected to work under any one, however long they may have been in the family, and however much they may have nursed other members of the family. If she is expected to do this, she should write at once to headquarters. If anything goes wrong, the nurse will have the blame passed on to her, and her Institution will suffer for it. There are many things the maid may do, and so feel she is doing something, and not put on the shelf—her mistress's hair, for instance ; or she can bring up the food, or take it from the maid and feed her mistress, if it is not a very bad case, and she knows how to do it ; she can be left in charge when the nurse is at her meals ; she can answer a note or two, perhaps, or arrange the flowers when they come. If the nurse sees she is clumsy, and likely to inconvenience her




patient, then there will be two ways of teaching her better. If she says, "Well, I never saw it done in that fashion before," or "You should always do it like this, Mrs. S.; that's how I do it," then offence may be taken. If it is some trifling thing of no importance, better say nothing, and take the first opportunity you can of doing the thing yourself, and just before you do the part the maid failed in, ask her civilly to oblige you by "coming here and hold this for me, please," and while she does so she will most likely see and notice how you manage right where she did wrong. I pen the above just as a sort of hint of how these difficulties may be smoothed in the sickroom. With male patients the male servants feel that to nurse is not their calling, and the nurse will have a clear course in the sickroom. On these occasions the disagreeables, if any, will most probably arise between the cook and the butler, and the nurse be the innocent cause of it. "What a lot of things that woman does want, to be sure, Mr. Jones. Master can't eat and drink them all, I am sure." Then, if the nurse has always asked the man civilly for what she wants, he takes her part, and the troubles begin. But enough of this. Every one says that nowadays servants do not stop contentedly in a good place like they used to do, but are very restless and never satisfied, and always ready to give notice and go and try to better themselves. Still, I am bound to say that, though there are many sad




failures, there are, I believe, more instances of servants coming out well under the strain sickness brings upon all in the house. When any are ill, in pain, or weakness, no one should think of what they were like before, a pleasure to serve or otherwise ; but simply do his duty. Master and mistress, both ought to have won the respect of their servants, so that when either is ill they are only too glad to stir themselves to do all or more than is wanted. But some do and will think of the character of the sufferer. If the master is a gruff tyrant or dissipated, and his wife a good mistress, then, for her sake, there is plenty of willingness shown ; or if the husband is a good master, and his wife a proud, cold creature, who never troubles herself as to whether her servants are alive or dead, so long as she enjoys herself without bother in her own way, then, for his sake, they will do all they can. I am sure it is true that much of the reputed bad conduct of servants in a sick house comes from a feeling they have that there is no pleasure in doing anything for their employers. I have known a good servant packed off at a moment's notice because he dared to get ill—a rest of a few days in bed was all that was needful ; a good servant packed off to the hospital, not for the benefit of the superior nursing, but from selfish dislike of having any one in the house even suffering from something which could not hurt any one else. Servants have hearts as much as any one else, but

nowadays they feel looked upon as so many necessary articles to have in the house, and without their employers poking about downstairs, they would like to feel that they were in some small degree objects of interest in the household. Many a case do I know where, if servants could feel, in some great difficulty, they could open their minds to their master or mistress, many a dark trouble and sin would have been avoided. The way some households are managed only makes me wonder that there is not twice the number of "sad cases" there are. A word here for "Jeames." *Punch* (a paper which often seems to fancy that to be impudent and a little coarse is to be witty) generally holds him up to scorn and ridicule. I wish the editor was condemned for a London season to do the work of a fashionable footman. I think he would find it by no means such an indolent, effeminate life as is commonly supposed. My experience of Jeames has been decidedly pleasant. I never wear my best coat when I visit sickness; but never once have I met anything supercilious or churlish. In one decidedly "noble mansion," as auctioneers would say, the patient was not a member of the family, but one in a by no means prominent position in the household; and when I came, as I often did, at all sorts of hours, early and late, the footmen used to run and open the doors, both divisions, as if one was not enough for me! There is many a manservant in



town and country who is exceedingly smart on the carriage, day and night, but who has rheumatism in some way or other, which, if his master or mistress had but a quarter of it, a trip to some foreign baths would be a matter of vital necessity! Allowance, too, ought to be made for servants in a sick-house. Orders are often carelessly, inaccurately given, and often not ordered in time, and if not to hand at once servants get the credit of being disobliging. So often, too, are they needlessly worried by some anxious relative. The nurse gives a quiet order, and a few minutes after, before the nurse can stop her, down she rushes, just to see if it is nearly ready, and if so, "I will bring it up myself." The cook would rather have made it twice over and carried it up a dozen times than be charged at and flurried for nothing, like this. Or, perhaps, the nurse, in a moment's thoughtlessness, says out loud, "I think that — must be ready now." Before she can finish her sentence or start to get it or ring for it, away rushes our anxious firework. "Oh, nurse says isn't that — ready yet?" making the cook think the nurse a most needlessly tiresome person. As you treat servants so you will find them as a general rule, I believe. I know that they can feel and show sympathy as much as any other class. It has often been looked upon as quite a treat to be allowed at last to carry something into the sickroom and get a pleasant nod from the sufferer.



## XII.

*THE PATIENT.*


It is, indeed, true that severe sickness shows what a man really is. Sometimes we find a person who seemed so good and patient when well, lose all his beauty of character when ill. Others, who are not much thought of, rise to the occasion, and shine under the trial. But generally, as a man is when well, so is he when ill. This or that point of his character will be specially tried. It may bear the test or not; but, on the whole, people are only better known than really changed by the test of illness. I cannot satisfactorily explain why it is so; but nurses tell me that on the whole, in the public hospitals, male patients are the most patient, and in private, the women. That in public, men are the most grateful, in private cases the women. Many nurses would not corroborate this statement. I can only give it as the result of many inquiries. Very much depends on the tact of a nurse. A patient who at first is like a spoiled child, never satisfied, always complaining, will often very soon become quiet, content, satisfied, and be a pleasure to nurse—mismanaged, he becomes worse. If the patient does get more troublesome, it is most likely the

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nurse's fault ; if she does her best and manages him with tact, he will most likely improve, and will not become more disagreeable. I think, too, that men feel more at home in public than most women even nowadays, and so more readily fit into hospital life, which is a more strange position for a woman to be in ; and that this may account in some degree for female patients being found a little less easy and pleasant to nurse. In private, a man has been the head of his house, or accustomed to have his own way, and to be ruled by the nurse in his own room is a little more of a trial to him. In public wards he feels under authority, like in places of business amongst fellow-workmen ; and he would be ashamed to give needless trouble and spoil harmony, and be looked down upon by others, so he tries to behave. The woman wants more sympathy ; she is among strangers, does not get as much of it in the way of fuss as she wants and gets among her friends ; then gets depressed, hurt, and often grumbles and sulks. But male or female, the behaviour of the patient depends very much on the management and the tact of those who have charge of them. I have known ladies well brought up, accustomed to luxury, behave in the most troublesome and ungrateful manner. The best nurse on earth could not satisfy them, and all the Fellows of the College of Physicians or Surgeons could not please them by their attention or treatment. On the other hand, the

patients whose illness is the result of their sinful life, often give much less trouble! At St. Agnes Hospital for the Sick and Fallen, I can testify that the trouble given by the patients has been a mere nothing, while their patience and gratitude have often been something wonderful. We never have more than three or four in a ward, certainly; but still, I believe that, many or few, very much depends on the person in charge as to the behaviour of patients of any sex or class who are under her.

Having got your patient in bed, and the doctor's instructions being received, you will soon find out what sort of a patient you have to nurse. Much depends on the nature of the illness and the nature of its progress; but a good nurse in the course of an afternoon will make a very accurate guess as to the disposition of her patient. The patient having got a good doctor and nurse, ought simply to resign himself into their hands, just as the client does with his lawyer, after he has opened his case. If the nurse sees her patient trying at the very first to be obedient, and give as little trouble as possible, she commences her work with a good heart; and I believe this has very much to do with continued good management of the case. If there is any likelihood of the illness being dangerous, the patient ought to be asked (the clergyman, if called in, as he seldom is at the first, is the best person) to make his will, or arrange anything that ought to be settled.



It need not be put in a way needlessly to alarm. "One never knows how any illness may end, and you don't seem very ill now; but if by any possibility you were to get worse at any future time, would it not be as well to make all straight now?" I know that besides the not making of a will, there are many things most trying and difficult which might have been spared from the mourners, if all the needful dispositions were made by the sick person. In a case of emergency, no lawyer or form of will to be obtained, and not much time to spare, the patient can thus leave all he has to one person—"I leave and bequeath all I have got to A. B. Date. Place. Signature,"—and then two witnesses to sign it. If he wishes to divide his property amongst friends, two or more, and there is no time to get professional help, I can only say, Do the best you can, and I hope it may all come right! Even lawyers sometimes die without making their wills. I think it would be a good Act of Parliament to require a certificate from every person who ought to make a will, that it has been made—a stamp on it to the Revenue, the lawyer to keep the contents secret. This would be good for the Government, good for lawyers, and, I am quite sure, save no end of trouble to patients and relatives.

We will suppose, then, that your patient has got all these matters finally settled. Use your powers of observation, and, without being inquisitive, see



what points there are in which you can indulge him, letting him have his own way about them. If he generally sleeps on one side, or has any peculiarity of any kind that will not be prejudicial to his health, and chance of recovery, let him indulge in it. When he sees you allow him some things, he will trust you have good reason for not allowing others. When he sees you forbid nearly everything, he gets inclined to think you are nursing by a general rule out of a professional manual, and making no allowance for his own individual case. Let him call you anything he likes. Some nurses insist on being called "Mrs.," and dislike to be addressed (especially by post) as "Nurse." They think it implies they are nursemaids to children! Again, I say, in the sickroom let the patient call you whatever comes into his head, so long as it is proper. I remember one case where the two nurses were called, one, "The Dragon," and the other "Spitfire!" They were two first-rate nurses, and nursed their patient most patiently, and in thorough good humour. "Nurse" is a short, simple word, and it really is a most honourable title. A nurse who tries to be worthy of her name is following a profession which is one of the noblest on earth. Try and read your patient's character soon; some, especially consumptive cases, often profess to be better than they are; others are always desponding, though visibly improving. Patients, of course, view their illnesses

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differently. Some begin them in anger, because some business must now be postponed or spoiled; some in regret, thinking they will be a burden on others, and an increase of expense; some in pride—the dislike of being helpless, and indebted to others, is very strong in some people; then there is the patient who will not take a serious view of his position, laughs at everything, and will take no care of himself, and continues in this mistaken condition till unconsciousness sets in; there is the anxious, fidgeting patient, always asking if something else had not better be done, or another doctor sent for. Then there is the cold, hard patient, who simply goes through the illness, as a matter that cannot be helped, very silent, nothing but a grunt, instead of a “thank you,” after any special attempt to ease him—a patient who, most likely, believes in nothing. Then there are the excitable Christians, who, if they can bear it, always want to be read to, and prayed over, and to preach to those around them a little bit at intervals. Then there is the deep, good, Christian, quiet patient, likes a little prayer now and then, asks for the Holy Communion as a favour (though, of course, it is a right), and, as regards their religion towards others, they give as little trouble as possible, do not argue with the nurse, try to obey readily even when it is very hard, and to tell God they accept all the suffering as from His hand, pray to bear all for His glory and

their own good and good of others ; *only they say all this secretly.* The experienced nurse has often met with patients who are grateful and patient ; but the patient who is thoroughly patient and obedient, and goes through the illness trying to suffer all cheerfully for our Lord's sake in a secret, humble way, is not so often met with. Clergymen may think so. As a rule they see the most favourable cases. Many a nurse takes a case all through, from beginning to death, and no one dreams of allowing a clergyman to be sent for on any account. Again and again have I known of nurses longing for the ministrations of a clergyman for their patient, and no spiritual help allowed. Here I may notice that when the clergy are not allowed to see patients whose days seem numbered, that the female relations are chiefly to blame. I have known several cases where a dying man would have welcomed the clergyman's visit, and the refusal came from the wife. Men are more liberal, not from mere religion, but from a kind of easy, contemptuous good nature, which says, " Oh, let him see the parson if he likes." The patients are the persons who ought to send for the clergyman ; but, unless very ill indeed, they seldom think of doing so, nor will their friends suggest it. Much depends on two things—first, the patient's faith ; second, his knowledge of a clergyman. If he is a faithful, well-instructed Christian, he will believe that, whatever

he has to do or suffer, he ought to have God's blessing prayed for on it. Whatever the illness may be likely to be, it must be therefore good to send for the minister, and ask him to say a prayer for God's blessing and gifts of grace. But, with the shyness that is so common, a patient shrinks from sending for a clergyman. He does not know him to speak to, or the one he does know he does not fancy, and he knows no other. Every Churchman ought to try and know one clergyman if he is making a prolonged stay anywhere, and when the friendship is begun there is always readiness to send for spiritual help if it is wished for.


As regards the doctor, patients often behave in a way that gives needless trouble, and often injure themselves. They will exaggerate one symptom and ignore another. They will even call attention over-duly to one thing and untruthfully deny the existence of something else ; or they will keep secret the existence of something for fear a doctor might decline to give them some treatment they had set their heart upon. Unintentionally they keep something back. A doctor cannot always remember to ask everything, and they will forget or not think it worth while to mention all sorts of things—that they have had this illness once, or even twice, before ; that a certain medicine has always a certain effect upon them, which, of course, they should mention, so that the medical man can give some-

thing else if he, on inquiry, thinks it needful. I have known worse cases. I have known a doctor ask a plain question, "Did you ever have this or that?" and a lie in denial has been the result. If the denial is the result of shame, all I can say is, it is a pity to call in a doctor if you cannot trust him with every possible reason for the why and wherefore of your malady. Even when there has been no sin these untruths are stupidly, as well as sinfully, indulged in. A patient has one malady, perhaps a trifling, temporary one. That which would cure it would not be given if he had any symptoms of some serious organic disease. That there is any ground of fear is strenuously denied, though the patient has been told by his or her own physician that this or that important organ is by no means in a sound condition. Even pregnant women will sometimes deny their condition to some medical man in their wish for some particular treatment which they had better avoid! Some doctors have a quicker perception than others of "what is the matter." Some have the knack of questioning and getting full information out of their patients far better than other medical men. Some patients get very nervous and confused when questioned, and answer "Yes" or "No" before they meant to speak, and then do not like to retract. More than once have I got patients to let me "put it right" with the doctor when they were upset at not having said what they meant to say.




How patients vary in manner! Some always look at the doctor as if he came into their rooms with the intention of cutting their throats! Some are the reverse of nervous, but barely polite. The patient ought to try and give the most cordial look of welcome to the doctor whenever he comes. Of course a good doctor will always do his best, no matter what his patient's manners may be; but the sooner you become friends with the doctor the better for both of you. It cheers a man up after seeing a round of strangers in his consulting-room to drive about visiting the sick, and then feel, as he ought to be helped to feel at every house he stops at, "Here I am, where I shall be received almost as at my own home." Some patients can help the doctor and nurse very much by being faithful. I mean that, though, perhaps, they cannot always deceive them when they are in the room, they can often in little ways do foolish things that are bad. A nurse sees that her patient is carefully covered up, and leaves the room to go to the kitchen. The patient sits up for a minute, or flings the clothes down, or even gets up, reaches a book or letter, and crawls into bed again, or takes a drop of something which they were not to have till after, instead of just before, food. Sometimes in various ways both nurse and patient will combine to deceive the doctor. This is most wrong. True that the nurse is paid by the

patients, and is, therefore, in their service ; but, as regards all medical care and treatment, she is, and ever ought to be, the loyal assistant of the doctor. Affections are worked upon, bribes offered, sulks shown, threats of discharge ; all sorts of attempts are made to get nurses to be unfaithful. If you have any complaint, or wish for any alteration in your treatment, and if it really is good for you, he will be only too glad to alter anything for your comfort. In public wards perhaps they cannot give in to their patients quite so much, for many good reasons ; but in private a doctor will always, if he can, oblige his patient. There is one case which requires the very best of nursing—Hysteria. These cases are often most difficult, most trying ; the most skilful doctor, and the most experienced nurse, often being puzzled in their management. How much is real, how much put on, how much fancied, how far to be very firm, how much to give or refuse sympathy, how much to appear to believe, how much inwardly to doubt, how far to give in, how much to let them have their own way, no wonder a nurse dreads an Hysteria case. Then, too, the patient who prefers to remain ill ! It is marvellous how seemingly near death a person can bring herself (these cases are generally feminine) when it suits. To gain more sympathy and petting, to create more sensation, not to be moved elsewhere, or to be moved elsewhere ; for all these, and other




motives, I have seen some wonderful cases of illness! Sometimes it may happen that a patient has reason to be dissatisfied with the nurse. If it is a case of ignorance of duty, accompanied with bad manners, the sooner she goes the better—all the notice and arrangements for dismissal and departure to be made by the relatives *after first consulting the doctor*. It sometimes happens that it is all fancy on the part of the patient, and that the nurse is really doing very well, and that there is no ground of complaint. An experienced nurse will not be much hurt in this case, and will soon forgive the slur on her professional reputation. It often happens that the most dearly-beloved relative, or, it may be, the husband or wife, is the person against whom, of all others, the patient becomes suddenly prejudiced. I have, more than once, made known this common trial in the sickroom to reassure some weeping sufferer hurt by it. "You will take just one spoonful to please me, I know, will you not?" says the gentle, well-loved wife. "No!" growls the patient, with a "don't bother me" thundered at the end of it! Five minutes after, the nurse quietly gives him several spoonfuls, one after another. I have been honoured by the food being taken from my hand when every one else, nurse included, had laboured in vain. Another time I have failed, and received a growl as well as the rest. Once every one in the room had tried in vain to give a little






beef-tea. The patient was very strong and determined, and it was most important he should be fed. He got very angry at last, and said something very ferocious. I added a remark to it which gave it a comical turn, and he took the spoon directly! So, then, a good nurse will not always mind what her patient says of her; but, sometimes, it must be confessed he has grounds of complaint. If he is perfectly clear in mind, and tells a friend to go and tell the doctor all about it, a change of nurse will be managed as soon as possible. But a patient never should complain of a nurse without real necessity, and, even when it exists, he should talk the matter over first with some discreet friend before injuring the nurse's reputation with the doctor. A patient should make every allowance for a nurse, though she ought to make none for herself. Broken sleep, sense of grave responsibility, lots to remember, lots to do, servants to conciliate, relations to keep well with, added to the restlessness of the patient himself, all tend to plead for a lenient view of a nurse's faults. I have attended cases where a nurse was utterly unsuited to her case, but was liked and kept on. Another case where the nurse was just the one for the case, but her temper unbearable. Another where the nurse was got rid of as being both unskilful and tiresome; she went to a heavy similar case, under one of the chief surgeons, directly after, and the family liked her so much they kept her




longer than there was any occasion for. I say all this, well knowing that sometimes patients are justly dissatisfied with their nurse, but, at the same time, advising them to be very, very sure they have real ground of complaint before thinking of changing. I know that I have, before now, persuaded patients not to change a nurse they were prejudiced against at first, and, in time, they became the greatest of friends. Patients, too, are often very inconsiderate towards the nurse. They often call her to their side to do something which they could very well do for themselves. For instance, it is marvellous how pocket-handkerchiefs become like monkeys in a sick bed, and will keep hiding themselves. They are put under the pillow at one moment, and are half-way down the patient's back the next. If the patient is pretty strong and quite sensible, he should always put it in the same spot after using it, then it will be always found. If he lets the nurse put it under his pillow, it never wanders away. She is no conjurer, but she does put it right under the pillow, and there it stops; the patient uses it, and listlessly puts it somewhere about the pillow, and then follows the usual exciting, and often wearying, hunt for the article. Little things like this continually happen, waking the nurse, stopping a dressing being made, all sorts of little needless troubles being put upon her. A nurse, as a rule, would do anything her patient wanted done

every minute of the twenty-four hours ; but her good nature is often sorely taxed by the sheer want of thought and consideration on the part of the patient. Other patients will give trouble by not giving trouble enough. They will feel the need of something, but hesitate to ask for it ; a bandage will slip, or they wish to be raised a bit ; but no, there they remain, saying nothing, till the nurse finds out the want, with a "Dear me, ma'am ; why did you not call me to do this before?" A nurse likes to be asked to do anything really necessary. She will make great allowance for often being unnecessarily called upon ; but it is really very wrong not to call upon her to do something, just because it is thought, "I am giving trouble." "Many are in a worse plight than I am." "It is good for me to suffer all I can." If God gives you an illness, with science and skilled care to be with you through it, then you are bound to take the illness and go through it, using the help God has chosen to give you. Everything in its place. Would that self-denial was more common ! What you do about self-denial, fasting, mortification, when well, is a matter you can settle more or less for yourself, following the hints given you by the Church ; but when you are ill, it is simply your duty to do, as far as possible, all that is expected of you. Patients sometimes show a great want of consideration for their nurse. It is looked upon as a fearful crime if a nurse should become a little unwell !

Nurses are only human beings after all, and the wonder is they do not oftener break down in the middle of a case than they do. If you see your nurse is ill, do as you would be done by, and save her in every way you can from needless trouble. A nurse will often try and conceal some trifling indisposition, and struggle on till obliged to give up. If you see your nurse is not well, let her see at once you are not surprised; let her see you feel for her, and arrange with her at once, to save her doing some parts of her work. A trustworthy relation or servant, who gets on well with the nurse, will now come in well, and take off a little of the strain of going up and down stairs, sitting in the room to watch, or enable her to go out for fresh air now and then. This ought always to be managed, if possible. A walk for half-an-hour morning and evening, if there is no risk, and a judicious person on guard, is simply real kindness to the nurse. Miss Le Hardy describes the trials of the home-nurse from selfish patients very accurately, though, if I may say it, I fancy the sketch is a little highly coloured. Trying to give as little trouble as possible, in short, to be obedient and patient, cheerfully, not only gives less trouble, but is a real help to recovery, or to lessen the malignancy of disease. Every excitement, every feeling of anger, every strain of sulk, every ministration from the hand of a person you have quarrelled with or scolded, is all weakening. And, on the




other hand, where the nurse sees that the patient tries all he can to help her in her arduous, and often disagreeable, duties, she feels far more pleasure in her work, and works in a manner better for the sufferer. One of the saddest cases to nurse, is that of a patient very ill, who, on the whole, is very tractable; but who persists in keeping up uncharitable feelings towards some one person in particular. Near death, as I have said before, there is often a strange dislike to some one they in reality do love best. The brain has got a little strange, and this accounts for it, and helps it to be borne patiently; but the whole calm pleasure of the life in a sickroom is often spoiled by the coldness or want of charity so open to remark, between one particular person and the patient. The visits cannot always be stopped, it would be remarked upon if they were; but the visitors should try by every means in their power not to increase the ill-feeling, and no matter what rebuffs they get, to try and let the patient see that they do want to be friends again. This sympathy must not be pushed upon the patient, or it will make matters worse. Let the visit be short, the inquiries few; don't leave a bunch of flowers behind if the sight of them will exasperate; but make friends with the nurse, come no more than she advises, ask her to let you know at any time anything you can do; and, perhaps, some day when the patient finds you have been a



real friend in a secret kind of way, he will be disposed to be more friendly. These cases are very common; attempts at reconciliation on the part of any one often make matters worse. But if the ill-feeling can be softened, it ought to be, as it is all bad for the patient's bodily health, as well as his soul. It is often a great help to some patients, who are good Christians, to tell them of a case similar to their own. A patient who is well off, and kind-hearted, will often take the greatest interest in hearing from the doctor or clergyman of cases of the very same sort as their own, and which they are glad to help by sharing some of their luxuries with them. Helping others helps oneself, and I have often seen real genuine interest and pleasure in a patient's look, telling them how their *protégé* is getting on. This must be done with discretion, as it would depress the patient to hear of great pain or of death; but when the patient has the real living faith of a good Christian, and needless details of suffering are avoided, I know that it is almost the great pleasure of the day to hear how their fellow-sufferer is getting on, whom they are helping with their charity and remembering in their prayers. Patients are often too impatient about getting well. "How long do you think I shall have to lay in bed?" "When do you think I may be allowed to sit up?" "How soon may I eat meat?" Some will be so obedient, so excitedly, nervously docile,

clutching at every straw, as it were, to get well, from fear of death. Others, simply from weariness and longing to be up and about again, second every effort most heartily which is made for their recovery. The best patient is the one quite resigned, quite content; who takes each day as it comes, and simply hopes for the best. These patients trust the doctor to let them up or out when it is best, and not before, and they do not go on fretting and worrying about it. Then there is the idle, lazy patient. In surgical cases, especially, the patients might often pass very much of their time in some simple occupation. Mind and body act on each other, and to lie still and think of one's wound makes one feel it smart, whereas knitting, netting, drawing, writing, reading, according to taste and strength, takes one's mind off oneself, and causes many a little pain to be unheeded. I have seen patients who had fearful wounds, and terrible sufferings, working away in the intervals, seemingly forgetful that such a thing as pain ever had any existence. I do not think we make half enough use of music in the sickroom. It must be used with discretion, so as not to tire, excite, or depress. I have seen wonderful good effects from its judicious use. Some years ago I visited a dying woman in a house, where one would not like any one to die. She was dying of consumption, and, towards the end, got very restless,



and half unconscious ; a few kindly words, a short prayer now and then, or perfect silence, nothing seemed to soothe her. I went and fetched a relative who could sing. She knelt by her side and sang "Rock of Ages." The sufferer at once looked happier, and got calmer. There is many a patient who could afford it, many a poor lady who would be glad to do it. Why should there not be, now and then during the week, a little singing in the sickroom ? If there is none of the family who can sing without screaming, then, as I say, there is many a woman who would be glad, for half-a-crown, to come and sing for half-an-hour. Some nurses can sing very well, and, in nursing children, the accomplishment is of great use ; but, for a grown-up patient, who requires something more than a hummed lullaby, it would be better to call in the aid of some one else. The nurse has plenty to do without singing solos for the patient, and, if there is no relative who can do it, and the patient cares for it, then, I say, there are plenty of quiet, good women in London, who would be glad, for a fitting remuneration, to come and enliven a sickroom for half-an-hour. This may seem an absurd proposal, but I can see no reason why, in large towns, the thing should not be taken up and tried. There must be many a doctor in large practice who knows some woman who would just do, and could recommend her to any patient who wanted a little private



concert now and then ! If the reader thinks this a silly proposal, all I can say is that if he ever has to lie flat on his back for many weeks in a dull London lodging, with hardly any one to see him, I fancy he will come round to my idea, as not so foolish a one after all. Many a clerk who is musical, and struggling "to make both ends meet," would be glad to bring his violin, or whatever he plays, and so gain something, after office hours, to help his home a bit.

## XIII.

*CONVALESCENCE AND CLOTHING.*


WHEN patients are allowed to sit up, they ought to be dressed so as to look very clean and tidy, even a little smart! Now that they are stronger, new visitors, perhaps, may be coming, some of them very young, some to see illness for the first time. I know that when the patient has a nice dressing-gown, shawl, or jacket, quite new, of a bright, warm colour, visitors are less nervous, and the patient also. He is saved the feeling of being an object to frighten, and the whole interview will be helped to be less depressing. At first a little sitting up in bed, well propped up; then removal for one hour daily to couch or easy-chair, and gradually increasing the length of time out of bed, is what should be the rule. The first few days, do not encourage visitors to come, the novelty and exertion of getting up again try the patient a little, and no needless fatigue should be incurred. It is a good plan to get some socks and gloves larger than the size usually worn, and much warmer in texture. These slip on and off easily, and the extra thickness more than makes up for the coldness of the looseness, and the warmer the feet the

better. When the first walks and drives are taken, dress the patient as simply as he or she will allow. The good effects of the exercise and fresh air are quite undone sometimes by the putting on and off the minutiae of an elaborate toilette! I have seen a lady quite tired before leaving the house from the fatigue of being dressed. Most likely the patient will have to be well wrapped up with a rug or shawl in the carriage, so, as far as appearances go, what does it matter whether there is a simple or Parisian get-up underneath the rugs? Be firm about coming home when you are sure your patient has had enough. Convalescents feel with their returning strength an inclination to do much more than they are fit for; and beginning to do too much too soon has very often done serious harm. After the drive or walk your patient should never feel *very* tired; this would be a proof too much had been attempted. To be just a little tired may be expected at first. On return, take your patients to their room at once, give them a little to eat or drink, as they fancy, and let no one come near them for a time. Patients will go out and enjoy the drive or walk, and come into the drawing-room, they are proud of their performance; relations talk, and ten minutes' chatter and congratulation just undo all the good. The first drives should be in the most quiet localities you can pick out. Not only to see too much going on at first is tiring, but

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where the streets are crowded, patients, who when well do not know what fear is, may be a little nervous, and a sudden pull up to avoid a collision might do serious harm. When taking a sick person out of a carriage, always have some one standing at and holding the horses' heads—a half-turn of the wheels, when weak persons are rising from their seats or stepping down from the carriage, might do great harm. In removing a patient by rail, if you wish to get the carriage to yourself, give notice several days beforehand. I have always found the railway officials most obliging in their efforts to do all they can for the privacy and comfort of invalids who offer to pay for a separate compartment, but mistakes do happen from not giving plenty of notice and stating exactly what is wanted. Some think it best to bring the patient just before the train starts. When the patient has to be carried, there is less fuss and nervousness putting the patient into the carriage ten minutes before the start. Send a friend who has a head on his shoulders down to the station a good hour before you start, to make sure there is no hitch in any of the arrangements, and no worry about tickets and luggage. Make written notes of all necessary articles to have with you on the journey, for it often happens that the most important article is forgotten, people fancying they will be so sure not to forget it.

Never, if it can possibly be avoided, lift or carry a patient unaided. Always have some one to help you. Most numerous are the cases of nurses being seriously injured by a strain in lifting. No matter how light the patient is, or how short the distance to carry, have help if you can get it. With a very weak patient you can thus manage better to support and keep the head steady and rested. With a surgical case, if the patient must be moved, it is most important not to lift alone, if it can be avoided. Never lift a patient from bed on the sheet, without first making quite sure it is quite strong all over, and not worn thin, so as to rend with the strain of lifting. Lifting with the sheet is done by four persons. The nurse should first examine the sheet, and then call her helpers to lift. When lifting a patient, first be sure that you are prepared to lift, and then do it. Lifting and depositing suddenly are very trying to the patient. This is another reason for having help; you can then put down leisurely on the sofa or easy-chair. Always have a rug at the foot of the sofa, ready to pull up over the legs of the patient if the one he has over him is not enough. If your patient is old, remember that old people often feel cold more than young persons. In most illnesses patients get thin, but see that there is nothing needlessly tight about dress for day or night. A tight wristband will make a person feel quite hot. The less of fastenings, hooks, pins,



strings, tape, buttons, the better. Patients are sometimes more irritated when convalescent than at the first part of their illness in bed ; and the less they are worried in dressing and undressing the better. A patient is persuaded to go out for a drive. With difficulty sometimes you coax them into assent, and then the bother of being dressed puts all wrong again, and they won't go. Be careful to warm all under-linen, and *all the articles of dress as well*, for the whole day before. The maid or valet, if you trust to them, may air the under-clothing, but not think of airing the other articles, which may have been laid by for months ; and even when all this is thought of, one important rule is not known or forgotten. "Be sure to air and warm whatever is to go on the head as well as on the feet." With convalescents be very particular not to let them use their eyes too soon or too much, to read or work. Begin with books of pictures, and then books to read, or work with a simple, large stitch. I have often seen a patient flat on his back in hospital, one gas-burner alight in centre of room, the book upright, keeping off the light. Patients who can afford it ought to be allowed a candle rather than let them injure their sight ; but the less a sick person reads by artificial light the better. Discourage your patients from standing ; it is the most tiring position, but they like to stand and look out of the window. Better walk twice round a

room than stand still for half the time. Discourage over letter-writing. Women especially feel they must write an answer to every letter of inquiry, and often give a little history of their illness. They often receive long letters of good advice about patience and thanksgiving, and feel bound to reply to each letter according to the nature of its contents. I have seen patients who ought to be in bed going on answering letters, tiring themselves. "Many, many thanks. I am much better.—Yours affectionately, A. B.," ought to be quite enough answer for more than half the letters of inquiry and condolence a patient receives. In London a printed card is often sent round in answer to calls of inquiry. This is enough for people with whom one is simply "acquainted;" and those who are one's real friends ought not to be inconsiderate, and want the poor convalescent to write a long letter to every one who has called to inquire or written to them. It should be taken for granted that the patient is grateful for the mark of attention and sympathy. It is no fancy, but real fact, that convalescents are thrown back, their recovery retarded, by thinking they ought to return so many calls, and reply to so many letters, and not deny themselves to many visitors. I generally make a bargain with patients to come and see them as often as I can whenever they like, but on condition they never scruple to send me away, if whenever I call, they would rather not see



me. Patients would often rather be alone at times than see their best friend on earth. And it is a great relief to a patient to feel that his clergyman may be sent away or seen without ceremony, the same as any one else, if he wants to be quiet or sleep, or does not want to talk. One more word about the care of convalescents. Sometimes patients recovering have a very large appetite, and will, if allowed, eat more than is good for them. I have known cases where a patient has been put to bed again from want of prudence in this way.

A friend writes to me :—"I found convalescence the most trying time. I was afraid of wanting too much attention after having been so much cared for, and partly from a wish not to give more trouble than necessary ; but partly, also, from pride, and a dislike of being dependent, I often fetched things for myself instead of asking for them, when my friends would very much have preferred bringing them. When I have nursed others this sort of resistance to being cared for has always annoyed me ; but I did not see the fault in myself at first. On the other hand, I was sometimes tempted to resent the necessary return of those around me to their usual employments ; and, when nervous and depressed, I was inclined to brood over little things, till I fancied them neglects, when there were no grounds for such fancies. I had also




a nervous shrinking from seeing visitors, which might have grown on me had not my parents wisely insisted on bringing one to my room sometimes."


## XIV.

*THE NURSE.*

WHEN there is serious illness, and real need for the services of a nurse, do all you can to have one sent for. If then the doctor says there is no occasion to have one, well and good; but if he thinks it necessary, there is, and ought to be, an end of the matter. But mothers will nurse their children, and wives will nurse their husbands, and though in some cases there is no objection to it, I can only say that, as a general rule, it is infinitely better for every one, more especially for the patient, that a serious illness should be nursed by a regular nurse. I have seen this desire to "nurse one's own" to be in reality the unkindest, I might say most cruel, resolve for the poor patient. To smoothe a pillow and give a sip of beef-tea is about all that nursing consists of, according to the minds of these mistaken, good people. I have seen patients brought into a most frightful condition from being nursed by this mistaken, ignorant affection. I will give no instances of this, but will point out some of the evils of their well-meant, but really selfish, proceeding. The unfortunate patient, who really requires the least possible discomfort, is simply practised upon by




unskilful hands. Not only is there ignorance of what to do in great and small emergencies, but when it is known that a particular thing ought to be done there comes the difficulty of *how* to do it. Books alone won't teach. The wife might know by heart the "Art of Bandaging," by Berkeley Hill, and not be able to put on the simplest bandage in a useful, proper way. A prescription may be sent, which requires a message again to be sent to the chemist to make quite sure of the quantity, and how often it is to be given. There is a little irritation of the skin, and, not thinking anything of it, in a few days comes an incurable bed sore. The patient has to be fed with a spoon, and too much is given, and he half chokes; or something has to be done for his comfort, and she finds she has got on his wrong side to do it. A chalk and opium powder has to be given, and it won't mix nicely. She stirs away and nearly breaks the glass in the attempt, and at last gives it to the patient, and half of it clings to his teeth. One drop of brandy would have dissolved it if stirred about in it before the water was added. The nightdress has to be changed. It is done in a way which tires more than if a nurse did it twenty times. When it is at last on, it is not properly pulled down and smoothed under the back. She is unaccustomed to long, wakeful nights, and does not hear at once when called, and the patient, perhaps from fear of tiring her, does not call when he ought.



Or she keeps awake, to be sure to be ready in case anything should happen, and, not being used, like a nurse, to sleep at odd moments, she breaks down under the strain, and has eventually to be put to bed herself, thereby adding to her patient's anxiety and necessitating a nurse being sent for, to find the patient in great discomfort with a bedsore or two, which now begin to trouble, while the poor, good soul, whose mistaken way of showing her love caused all the mischief, triumphs in the thought, "he had nothing of the sort while I was well enough to nurse him!" The above is by no means a fanciful or exaggerated sketch. Moreover, it often happens that the relatives who have acted as nurse become so ill or tired at the last that their patient has died, and they were too ill to be present, and were reclining quite exhausted elsewhere, and missed the last scene, when they had set their heart upon being present. This even happens when there is a nurse. The relative will be in the room, and sit up too much, and at length break down under the strain. I know there are some grateful to me for getting them to keep away and sleep a bit, promising to call them when there was any real need. A surgeon would simply refuse to perform an operation that required any careful treatment, and to ensure its success, if he could not have the assistance of a proper nurse. In medical cases there are many things which the unpractised eye

would never notice, as well as many mistakes which would happen. The nurse and I have noticed a change, and took the necessary steps, while some relative who was much in the sickroom had no idea of what was passing. It is most natural to like to do all we can for those we love in the hour of their distress, and by all means *do what you can* ; but what you cannot do, or others can do better, do not attempt, but call in the best help you can get. This is the best proof of your affection, and is really the most unselfish, as well as the wisest, course. One at first does not like the idea of one's sick relative being handed over to the care of a stranger ; but after the nurse has been a few hours in the house, and the sickroom gets into an orderly condition, and the patient is seen feeding from her hands as though he had been doing so all his life, the prejudice simply disappears, and every one with any sense in his head as well as affection in his heart is very glad she is come. The nurse, too, will always, with a woman's tact, make the most use she can of the relatives whose position gives them the best claim to be with the patient, unless, of course, this relative is simply unfitted for the privilege. In very serious cases the less people in the room besides the nurse the better, and if you come in now and then, stop a minute and go away, the patient will be quite content, and the sickroom will go on in much better order and *fresher* than



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when two or three relatives stay there for a long time, doing no particular good, and perhaps hindering the nurse or fidgeting the patient with their muttered conversation. The acting head of the household should be the first to meet and see the nurse, telling her that in any difficulty she can rely upon his aid, and she herself will soon pick out from the female relations what help she wants in the sick-room. The lady of the house, in consultation with her husband, ought to be the supreme authority whom the nurse should turn to for help and support in her work; but sometimes the husband is the patient, and the wife the most useless person in the whole house as regards usefulness in matters pertaining to the care of the sick. The nurse's position is often very difficult, when the lady of the house thinks she understands nursing, and is always interfering, suggesting, fault-finding, and fussing. Here and there a nurse may take a little too much upon herself, and provoke or make jealous the relatives who are anxious to help; but, as a rule, the nurse who knows her work is only too glad, for her own sake, to make every concession she can, and follow the ideas of the relatives, when no harm will come of them, and peace be promoted. I believe it to be a mistake to think that a regularly-trained nurse will give herself more airs in the sickroom than a nurse who, though a professional, has only picked up her knowledge. Those who have been through

a thorough hospital training will be far more systematic, disciplined, quiet, and forbearing than the untrained woman who wishes to show off and make the most of her skill. The trained nurse comes with her skill proved by competent authority, and, therefore, taken for granted; the other one wishes to prove her superiority, and, therefore, is far more likely to be arrogant and fussy, and provoke the relatives. Never, if it can possibly be avoided, employ any but a well-trained nurse. There are many old and new plans, appliances, and remedies which the trained nurse alone has seen and practised, and can properly use. I should be very sorry, for instance, to see a patient in charge of a nurse, unaccustomed to take the temperature, or to give an enema or hypodermic injection. In London there are many institutions from which you can get a nurse. They are generally summoned with little notice, but always give as much notice as you can. The doctor generally provides the nurse; but it often happens that the friends apply for her. In writing or telegraphing, state if the case is medical or surgical, and, if possible, what is the complaint, or what injury or operation. This is but fair to the institution. There might be a nurse whose state of health would make it rash to trust her to a typhus or diphtheria case; or there might be only two spare nurses; one had often nursed cancer, the other only once. Take extra care to give full,

plain directions as to the best and quickest route ; and on arrival receive the nurse yourself, make her feel welcome, and see to her comfort and food. She will then come to work prepared more than ever to do her best, and to get on with everybody. If the case is one which permits of the nurse sleeping away for several hours, or, if you have two nurses, one for day and one for night, do not think or say, as many do, "This little bed or shake-down will do for the nurse." I should say, on the contrary, give the nurses a very good bed—the better they sleep the better for the patient, for their own health and strength, and the better for their work. Two hours in a good, well-made bed will rest a tired nurse far more than five or six hours in an uncomfortable little bed—half couch or chair. See to their food, too. Nurses need not be petted and pampered like invalids ; but it is quite worth the while of the mistress of the household to see that the nurse is fed with the best of food, well cooked, and well served. I have known jealous servants cook the nurse's meals badly on purpose, and the nurse endure it all for days together rather than complain and make disagreeables worse. Ask the nurse where she would like to have her meals, by herself or with others. In some cases the nurse must be isolated, for prudence' sake ; but sometimes she will be very glad, when the other domestics treat her as they ought, to have her meals with them. As a rule they generally prefer their



meals alone; it saves overquestioning. It involves a little more trouble, certainly; but if the nurse herself proposes it, it is the best arrangement. All her meals should be taken in a nice, bright room, and this is the time when the lady of the house can relieve guard. With disobliging servants this is a good plan. The mistress sees the meal is punctual, and well-served, notice of the nurse's dinner being ready being given to herself. She then goes to the nurse and takes her place. The nurse, too, feels that she is really cared for, and the arrangement is the best for all parties. The nurse should never be expected to take her meals in the sickroom—better not in the adjoining one—but let her come right away to another floor,—the back drawing-room; anywhere nice and bright. The little change is good. Many take the simple professional view of the nurse's position, looking on her just as a servant come to do a particular work for so much a week. Without spoiling her, the nurse should not be thus looked upon and treated. The higher view you take of her profession the higher view of it will she be helped to cherish. Under God, the nurse it is whose work and skill may save your patient. She has plenty to try her patience, much to tax her powers of thought, much to weary her body; and, with all this, she has, after days and nights of labour, to try and keep as collected, patient, and able, as at the very beginning of the case.


Some may think I take almost a too favourable view of nurses, and of their calling. I know there are many who do not come up to the proper standard of what a nurse should be ; but, then, I know of the self-denying, devoted conduct of so many, that I cannot help pleading for all of them to be looked upon and treated as members of a most honourable, noble, I may, perhaps, add, *sacred* profession. I am afraid that Dickens, in his sketch of Mrs. Gamp, though doing much good, has created a prejudice against nurses which lingers far and wide. It must also be remembered that, before " Martin Chuzzlewit " was written, some of the very best nurses the world ever saw were in full work at some of our great hospitals. (Read Dr. Duckworth's lecture delivered at St. Bartholomew's Hospital, 1877.) Since nursing of late years has become more of a recognised profession, and so much has been written about it, so much attention called to it by the recent wars, numbers of women have become ambitious to become nurses. One is only too glad of all this, but, at the same time, there is much room for regret that so many take to the profession simply as a profession. I mean that a woman, to be a perfect nurse, should not only think of the remuneration of salary, not only of the interest there is in the study of medicine, surgery, and nursing, not only of the pleasure one has in relieving suffering, and receiving gratitude and praise ; but she ought to be a perfect

nurse, such an one as one would like to see about the bedside of the dying, and laying out the dead ; a woman, in short, who is a real, hearty, humble Christian ; who will reverence the body as the temple of the Holy Ghost, regard the sufferer as a member of Christ, and, in her own heart, think of one motive first and chief of all : " Inasmuch as ye have done it unto one of the least of these My brethren, ye have done it unto Me." A woman may have a kind heart, a firm step, a gentle hand, quick eye, and marvellous skill ; she may look like a ministering angel, moving about the bedside, but, nevertheless, unless she is a Christian, trying hard to live up to her faith, there will ever be about her a something wanting, which will only be felt more and more as the sufferer lingers on. How can such an one comfort the dying, with no faith herself ? Will the voice of the liberal infidel sound like truth as she reads, when requested, some words of the Lord from the Gospels ? Will she, however patient at first, continue ever forbearing when all her efforts are met with petulance and ingratitude ? People may say what they like, but the nurse, who is a good Churchwoman, with some marked faults, who occasionally gets in a pet, and snaps, and regrets it, has underneath it all a far greater influence for good during sickness, and often can and does take, as far as she may, the part of the priest and consoler, and comforts the dying. Often have nurses that I know

of, when, as it will happen, they are alone with their patient (when no one else can come, or, from grief, cannot speak, if present), spoken something the patient wanted to hear, or said the prayer of commendation for a soul departing to the Judge of all. Many in the world, as, for instance, soldiers, have to be nursed by men; I suppose some day, nursing sisters, who are fit for the post, will be on the staff of the army. Men are nursed by women in general hospitals. Soldiers were nursed by women at Scutari, and are so nursed abroad; why should they not be in our army hospitals? The Army Medical Department has been in a fearfully unsatisfactory muddle for some time; when that gets right, perhaps better nursing will follow. Men are sometimes first-rate nurses. I know one gentleman whose power in the sickroom is marvellous; in two critical cases he was the most successful of all in the sickroom, putting into the shade nurses, relatives, doctors, everybody. I am sure if I was ever a refractory patient, that man would coax me into thinking a dose of rhubarb nicer than a glass of champagne! Nursing, though, is women's work, and men, as a rule, are very awkward, uncomfortable-looking beings when they enter a sickroom. I fancy, too, that women, who go by instinct more than men, have very often an advantage in the sickroom; they feel, as it were, at once that something is going wrong; their senses are

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often more acute ; and I fancy they hear or guess what a weak patient says quicker than men do. The nurse has not only to try and get on well with her patient and his friends, but it is most important she should work well with the doctor. All medical men will gladly receive any hint about their patients which nurses offer respectfully, and will be grateful for any observation they have made which will help them in their treatment of the case. But sometimes there is a foolish pride on the part of a nurse, which puts her out of harmony with the doctor. He is a little tired one day, and says something a little cross ; she is proud, and turns against him in consequence. He is not yet made a baronet, or the President of the College of Physicians ; she was nursing before he got his diploma, perhaps. He studied at one hospital ; she was trained at another. He likes some little thing done in his fashion ; and she informs the patient, " We never did it in this way at St. Giles'," and so on. The nurse, no doubt, is sometimes right, and the doctor mistaken. I have been right on some points occasionally, and both were wrong, but no one is infallible ; and the nurse's duty is faithfully, loyally, heartily to back up the doctor through thick and thin, as the saying is. Any mistake of his ought to be secret with her, and to him alone ought it to be suggested that such and such a thing seems going wrong or doing harm. If one has good



grounds for it, and can quietly convince him, they can correct the thing, perhaps, without causing needless alarm, or, if necessary, the doctor can call in some other medical help, and no one be any the wiser. Certainly, it does happen that a grave mistake is made, a wrong course persisted in, and life endangered, and it may then be necessary at once to call in other help to save life. I remember one case, where the patient was sinking, a relative, on his own responsibility, sent for a well-known physician. He came; heard the nurse's story, looked at the patient, took the medicine with his own hands, and put it into the fire, reversed the treatment, and saved the patient. Still, I firmly believe that many mistakes are not entirely the fault of the doctor; he is a little misled by the patient and his friends, and very much more led astray by the want of observation of the nurse at the beginning of the case. It is very common for patients and friends to become very attached to the nurse and she to them, and she gets tempted to make them her chief confidants. She and they may become as friendly as they like, but unless it is something very extraordinary that prevents it, she ought to be *most open* to the doctor, to be *most jealous* and *careful* of *his* interests, and to support him as far as she conscientiously can in every way to the very utmost of her power. In short, while the patient's well-being is her first care, there ought to be, in the

true zeal for the honour of her profession, hers and the doctor's, and, as far as possible, hide its weak points, and strive for its success.

I will touch upon some of the characteristics of a good nurse, as you will see them portrayed in the hand-books of nursing.

*Cleanliness.*—Miss Florence Lees has some remarks on this point, to which I refer the reader. One or two things only will I add. Nurses ought to be most liberally dealt with, in the matter of change of linen and washing. The same apron would not, of course, be worn when giving food as when dressing wounds; but, instead of wearing a coarse apron over the white one, I would venture to say, take the extra little trouble of only wearing one at a time, putting each on according to what you are going to do. One in the morning, one in the evening may be a good allowance; but with a careful, steady nurse, I should let her put on a dozen during the day if she would look any the brighter for it—certainly a clean one at breakfast and dinner. Cuffs or wristbands, or whatever they are called, she ought to have in unlimited numbers. A snow-white apron, with a stained sleeve, how often is it seen and noticed, too! It may be a bit of trouble and extra expense, but to a really sensible nurse I should say always, “Whenever you like to change anything to look extra perfectly fresh and clean, do so, and never mind the expense.”

When a nurse is sent on private nursing, she ought to have a more liberal supply than she often does have. She has to go to all sorts of families, some like clockwork in regularity, and some most disorderly establishments, where it is hard to get anything done quick, even a pocket-handkerchief washed. The nurse ought to have a washing-stand all to herself in every sickroom, and the more she washes her hands at it, whether they want it or not, the more the patient will be edified. Everything clean about the cap, everything clean about the dress, the nice effect of it all may be spoiled by the one black finger-nail that rests on the saucer. The cleaner the nurse the cleaner the patient will be. Many will bear me out when I say that sometimes patients, from fatigue, and even from disgust with themselves from some malignant disease, get at last to be very careless about clean habits in many little ways; and the constant rule of cleanliness carried out by the nurse in all she does, keeps the patient from giving way to this self-neglect and untidiness. The more particular the nurse is about her own personal cleanliness, the more particular will she be to keep her patient clean, and the sickroom clean. Feeling clean yourself, you are careful what you touch, lest you lose that sense of being perfectly clean. The nurse will then feel that everything that is not clean, like herself, is a kind of natural enemy, and she will



clean it up or remove it at once. So, too, the delight of seeing and feeling oneself clean makes one like to see another clean ; so the patient is more thoroughly washed, and sores and wounds more carefully cleansed and dressed. A very clever nurse is often a great check on a thoughtless, untidy relation, who offers to do something or other in the sickroom. I have said something about the liberal supply of linen to the nurse. I take it for granted she will in her turn insist on the same liberality for her patient. Two points here. Always have a clean napkin or handkerchief under the chin, or close to side of head of patient when feeding. It is often not thought of. And when swallowing is difficult, a little beef-tea or food of some kind will trickle down the patient's jaw, and perhaps on to the clothes, before the nurse can find the napkin ; and then she seizes the patient's handkerchief, and if she uses it no wonder that he does not care about taking another spoonful. The little napkin should be where I said, so that the moment a drop begins to ooze out of the mouth, it may be checked before it begins to trickle, thus saving both annoyance and mess. The patient's handkerchiefs ! What have I not seen, even when there was money enough to buy all the handkerchiefs in Middlesex ! The patient does not mean to be careless on the point, but from the weariness above stated, he gets callous and heedless as to what he uses. In consumption

cases I have seen the weary hand raising to the lips a handkerchief which looked as if it never could have been white. I forbear to describe in fuller detail, but I say, let the patient have another handkerchief, fresh and clean, not as often as he wants it, not as often as the one he has looks dirty, but very frequently; every hour, and oftener, if needed in some cases. One word more, when the room is cleaned. It is a good thing whenever that operation goes on, after everything else has been done, to wipe very carefully every handle of drawers you ever open, and then with special care the *handles* of the *doors*.

*Neatness.*—This generally accompanies cleanliness. It makes an immense difference in the look and comfort of a sickroom. First of all, try and get every article out of the room that is of no use. The fewer things in the room the better; the less there is to clean and dust, the easier to set straight and arrange. Let the nurse have as little to trouble her as possible—dusting a number of ornaments and knick-knacks is a simple waste of her valuable time. No nurse minds having to do a certain amount of cleaning, but if one sweep of the duster along the mantelpiece will clean it, why give her the needless trouble of having to lift and dust inside and out a number of little vases and other articles? Look to the pictures. Everything else is carefully dusted, but the frames and backs of pic-

tures are generally neglected. Do not have too many in the sickroom, but if it is a long illness, have one or two pictures, and occasionally change them. This makes the room like a new one to the patient. A nurse ought to have a right sort of pride in the neat appearance of her sickroom, and it is wonderful what a difference in appearance thoughtful attention to little points will effect. A picture hung not quite straight; vases, one on each side of the clock, but one of them an inch or two nearer the clock than the other; the spare chair put anywhere, and not square and straight in its place; two hair-brushes on toilette-table—one with the bristles up, one with the back up; the towel not thrown in a bunch on the horse, but hanging neatly over it; the little tables a perfect jumble of disorder, instead of neat arrangement. All these neglects make a room look just what a sickroom ought not to be in appearance. A little ledge of thin wood or stiff cardboard, half an inch high, all round the edges of the table, is a useful thing to keep things orderly, and prevent their slipping off. When the wash-hand-basin has been used, it should be at once emptied, and the jug put back into it. Little details of neatness like this are quite worth remembering, though they may give some extra trouble. When you give a dose, pour the medicine carefully into the glass; let there be no mark down one side of it

when you hand it to the patient. Also as regards yourself; be neat as possible. A patient tells me that during a sharp attack of illness, when the mind was very much on the strain, a little bow which would not keep in the centre of the nurse's throat was a perpetual source of irritation. She was quite worried by this little trifle. Neatness helps in other ways. The nurse who is neat and orderly in her habits will know where to lay her hand on anything whenever she wants it, and when she has found it, it will be ready for use, having been cleaned when last used. The fire will burn better if the bottom bars have a brush out now and then. If she lights a candle with a spill, she carefully puts the spill when done with into the fire, not tossing it anywhere—into the fireplace, grate, or fender.

*Presence of mind.*—This is, of course, most important. If a nurse knows that she is nervous, or too easily excited, she can, nevertheless, bring herself to calmness, and become more self-possessed. Pray for the gift. Next to this, try and practise silence; talk less, less often, fewer words, slower, and with softer tone. I have often noticed that quiet people are the most calm in time of danger. Many years ago, when shooting in the Himalayas, the native hunters would come to me, offering to show me game. Some would say, "Come with me, and I will show you plenty of game."

Another one said little or nothing beyond, "If you will go with me, I will do my best." I always found the talkative, boastful ones too excited and fussy in danger or emergency; while the reserved, quiet men, who said little when first engaged, were generally to be depended upon for not losing their heads.


On these occasions, the state of health in which a person is, has much to do with being what is called nervous or not. I was once in the sickroom with a nurse, who had the highest reputation for her proficiency, and who had held a position for some years of great responsibility in a large Government Hospital not in England. She completely lost her nerve at a critical moment; but, luckily, I was able to do what was wanted, and she soon recovered herself. On another occasion, a medical man who had been most devoted in his attention in a most trying case, broke down completely for a time just at the end of it. The nurse, then, as far as she can, must husband her strength and take care of herself. None of us can stand more than a certain amount of strain; sleepless nights, broken rest, continual anxiety, bad air, and other trials, all tell in course of time on the strongest frame, the clearest mind, and most willing heart. I knew a nurse who was once twenty-three weeks on night duty. If this woman fell asleep and forgot to give a draught at the right time, or lost the look of cheerfulness which ought to

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gladden the sickroom, who could be hard on her? The nurse cannot always get the doctor at once, and is therefore thrown on her own resources to do the best she can meanwhile. It is now that she will make use of the one whom she has noticed to be the most sensible relation or servant, during the continuance of the illness. She will let as few people know as possible of the danger, and with the greatest calmness in herself, infusing the spirit of it into her chosen assistants, she will do what she can for the best till the medical man arrives. This presence of mind is invaluable at all times, but especially when in charge of cases where the brain is affected.

*Temperance.*—It is sad to think of any persons being no longer trusted in their work because they have taken to drink; it is very sad indeed to think of women whose skill and care have so often saved lives and relieved suffering, no longer being trusted to nurse. No one can trust a case to their care any longer, no matter how great their former reputation; no one would like to see, as I have seen, the person who ought to be the most calm of all, excited by drink when standing by the pillow of the dying. It is towards the end of a case the propensity shows itself; the long strain, the sense of sinking, the bad air and smell suggest the taking of a little stimulant frequently, and then comes excess and its sad results. As far as my knowledge of them

extends, I should say the regular trained nurses who disgrace their profession in this way are quite the exceptions. As regards trained hospital nurses, I believe that you might take an equal number of women of any class of life, and I should have no fear of the result of the comparison. Were I to look into the private history of fifty peeresses taken alphabetically, I think I should find quite as much over-indulgence in stimulants and opiates ; but comparisons are odious. When a nurse begins in this failing, I think she is not the only one to blame for it. If you treat her as she ought to be treated, take an interest in her comfort, help her as you can to air and exercise, and cause her to feel at home, she will then feel as if she was nursing for a friend ; she will feel a happiness in her work which sweetens it and prevents depression, and the stimulant to revive drooping spirits will not be so often thought of. When a nurse is worried, interrupted, found fault with, badly fed, not a thought for her health, strength, and comfort, she does not feel inclined to complain if ill, or ask for a glass of wine, or more food, but goes on with her thankless toil, till at last she feels so queer she takes a long sip at the patient's brandy-bottle. Sometimes, with some of the upper servants, a nurse has a hard time of it in refusing the offer of a glass of something : · “ Mrs. Jones, you do look so pale and tired,” &c. ; this is not always done from good nature, but from a curiosity not of



the highest kind, which wishes to know for its own selfish motives exactly "how my lady is going on." This leads me to another point.

*Reserve.*—One reads in novels of all sorts of secrets coming out in delirium, but I do not think they come out quite so often as people fancy; and unless the hearer had the clue, he would generally not be much the wiser. But such things as these do happen. A much more common thing, is for a patient to awake, thinking the person he last spoke to is still with him; and then he may say something to the nurse, mistaking her for his wife. A nurse ought to look upon the affairs of every household she enters as safe in her keeping. If she is in any difficulty from the conduct of any member of the household, and she cannot escape it, she ought to write at once to her superior for instruction, who in her turn should keep the matter secret. Thus, Nurse A writes that her position is very difficult from the conduct of her patient's husband; shall she come away, or what shall she do? The superior sends her instruction. Perhaps two years after, a nurse is applied for to come to this same family. The superior will use her discretion as to whether she will send a nurse or not—the same one as before, or another. Meanwhile, she ought never to have mentioned what had been reported; but if she feels she ought to send another nurse, she is bound in confidence to give the nurse a hint of



the trouble she is likely to meet with. But if a nurse hears during her case, that the family used to be much better off than they are now, the eldest son having squandered a fortune, or that the present master of the house has had his income much reduced by his wife's reckless extravagance, then these and similar things ought never to pass the nurse's lips, either to her superior or any one else. In another way, too, she ought to practise reserve, and not talk about her various patients to the patient she is now nursing. Male patients do not seem to care to ask and hear so much about the history of other cases, I think; but with female patients there is often far too much talking over cases. People do not care to have their illnesses known. If a nurse has nursed a lady known to her patient, and her patient says, "Miss — had the same illness I have got," then there would be no harm in saying, "I nursed her," but she ought not to say anything of the details. "Oh, I had such trouble to get her to take her medicine!" or "She was a very nervous patient, always wanting something!" or "She could not bear pain a bit, and when I gave a hypodermic, her screams were dreadful!" Your patient will respect your reserve, and will open out much more in consequence to you. Over and over again nurse and patient have to keep a secret between them; and the patient is twice as calm and settled, and likely to stand his


illness well, when his nurse is felt to be in possession of his complete trust. Some friends and relations are terribly inquisitive; and some have the knack of getting things out of those they seek information from. The nurse who can keep herself reserved and collected, will not be led on into an interesting conversation, and in the excitement of it drop the hint the questioner is seeking. You may be able to keep a secret, and have this gift of reserve, and yet be very cheerful and amiable to all.

*Truthfulness.*—Miss Nightingale remarks somewhere in her “Notes on Nursing” that it is not always easy to speak the truth. I forget if she were speaking generally, or alluding only to difficulties of nurses. It is quite true, and I will go further, and say that nurses have *very strong* temptations sometimes not to speak the truth, or to conceal it. Most people, from pride, are strongly tempted to deny or conceal their faults, even when what they have done, or forgotten, or said, would injure no one. Fear of blame, of ridicule, dislike of being thought ignorant and careless—all are strong inducements to lie. A nurse is but human, after all; and when one considers what a post of trust she fills, what important consequences may follow from any of her faults,—how a mistake, even, may utterly ruin her reputation for years,—it is no wonder that she is sorely tempted to tell untruths to screen herself. Every one is liable to accidents

or to make a mistake, and a nurse ought to be a Christian woman, who lives and works on the highest principles; and, however tempted, to speak the truth and nothing else should be her firm resolve, cost what it may. It is not so often that a mistake of grave importance is made by a careful, painstaking nurse; and it has often been remarked that when some little omission occurs, or some trivial mistake is made, that if the nurse acknowledges it to the medical man, he may be, perhaps, a little annoyed, but he will trust her all the more. Many of the untruths that nurses tell are told from the persuasion of the patient. I have said before that, as regards symptoms, food, medicine, the nurse's first duty is to be faithful and loyal to the doctor, and to tell him the whole truth always about his patient; but in other ways a nurse is often sorely tempted to save herself trouble and annoyance by telling a lie. Visitors and relations who are troublesome are often kept out of the sickroom by an untruth, instead of by an open answer on the part of the nurse. The nurse, within all due limits, is, and ought to be, queen of the sickroom. Mr. B. calls, who always talks too loud; or Miss A. arrives, who talks too long; the patient is wide awake and doing well, but he wants to be quiet, and the nurse wants to keep him so. She knows the usual difficulties—the hearty promises and their non-fulfilling. “I won't stop a minute.” “Just have a look and


see how he is." "Just to give her these flowers." "I know she will like to see me." "I am such an old friend; poor fellow, he'll be delighted to let me come, I know." To avoid all this, a stealthy step comes down the stairs, and a hushed voice says, "I am very sorry, sir, but Mr. A. is gone off in such a beautiful sleep, and he must not be disturbed on any account;" or, "Miss A. has just had her morphia, and it is of course most important to keep her quiet; but I will tell her you called, ma'am, and I know she will like the flowers." When the patient sees the nurse not very particular about the truth, how can he trust her when he wants her to speak the truth to him? The nurse will often keep up that wicked course of cruel deception (which, perhaps, is not so common as it was), the deluding a patient with false hopes of recovery, in order to keep him quiet. The doctor is the one to warn the relations when he sees grave reasons for doubting recovery. But very often the nurse is appealed to by the patient; if she does not like to say what she thinks, she should tell the patient to ask the doctor next time he calls. If a patient is calm and collected, and tells the doctor he really would like to know what he thinks, he will very often meet with some such answer as the following:—"My dear sir, while there is life there is hope;" or, "Wait a day or two, and I shall be able to tell better;" or, "I have seen people as bad as you

recover ;" or, perhaps, " I think you are as bad as you can be." If, as I say, the patient is as a patient ought to be, calm and resigned, and there is no hope, and he asks the doctor to tell him the truth about himself, he will most likely do so, and he certainly ought ; and so ought the nurse if she is pressed for her opinion. It makes a sickroom so different to feel that everything about it, is open, no constant dodging and mystery about it, but open confidence and truth reigning supreme in it. How different is it, when little things are given, done, and allowed, which are against orders. It affects the whole tone of the place ; the doctor feels it on his visit, he has no proof, he does not like to cross-examine, but there is a look about nurse, relation, patient, which tells him there is something or other going on of which he is not informed. Again I say the nurse ought to stand by the doctor through thick and thin, and if ever she sees anything which the doctor ought to know, she must brave the anger of the whole household and inform him, and most likely, if he can, he will manage to correct the thing without setting every one in arms against her. If the lady of the house sees a grave fault on the part of the nurse, she should observe a rule which ought to be like the law of the Medes and Persians, and *never* speak to the nurse of her fault before her patient. Every allowance ought to be made for a nurse, and if a fault calls for reproof, then a



friendly hint, given gently in private, will often stop its repetition, and the nurse will appreciate the kindness which gave the reproof in private, and will very likely do her renewed best to please. It must always be remembered what a difficult position that of the nurse is. She is put on terms of equality, confidence, affection with the chief members of the family very often, and though she does not wish to presume on the position, yet it is very awkward for her to be in that position, and do her duty exactly as it ought to be done in every way as regards everybody. On the other hand, she feels often that under God a valuable life is depending on her devotion, and she is looked upon as a mere servant, to do so much hard work for so much wages; she meets with no gratitude, and plenty of interference or hindrance, and she has, for her patient's sake, to hold her own; and we must not be very hard upon her if, where the issues of life and death are concerned, she does not always seem a seraph in the sickroom, but watches over her patient like a bull-dog! There are, of course, nurses and nurses. I am thinking only of those who are trained nurses, and I believe that, on the whole, they are a class of women most proud of and devoted to their profession; that many of their faults are the results of the treatment they often meet with, and that, as a rule, they each go to their cases determined to do their very best for their patient, and ready to get on well with

everybody in the house, if they possibly can. I have met with exceptions, certainly ; some who think no one ever saw sickness beside themselves. " I must have this, directly," and, " This won't do at all ;" or, " I never saw such a house as this ; one can't get anything right ;" or, I come to the sickroom, and am shown in with an air which seems to say, " Now, sir, you have been allowed to enter my sacred precincts. If it was not for me, the doctor would have killed the patient long ago. I hope you feel impressed with a befitting sense of my dignity. Miss Nightingale, Miss Florence Lees, Miss Wood, are all very well in their way, but now you have been allowed to breathe within the charmed circle of my renowned influence, tremble, and sit down on the edge of a chair." Or another has ushered me in with less " air " about her, but with a sort of contemptuous pity, which seems to say, " What a curious breed you clergy are ; I should not have let you in if my patient had not insisted on it. The doctor, I am sure, would rather you had not come ; indeed, I have my misgivings as to whether or no I was not too indulgent in allowing you in. I hope you won't quicken my patient's pulse ; I hope you won't excite him, or depress her ;" and, perhaps, she will proceed to overwhelm me with her science to keep me quite humble, and so when she condescendingly hands me a chair, she adds, " I must tell you, sir, that Miss A. is suffering from nictitation,



so you must not talk too loud!" It is a temptation immediately to come out with a longer medical term, in self-defence; but I generally find after a visit or two, that the nurse, having seen that one does no harm, comes down from her pedestal and we become excellent friends.

When you want a nurse, and there is time, it is better to send some friend to the institution to get you one, as if you telegraph, and they are all engaged, time is lost. A young lady came to me some time ago for a nurse for her mother who had a bad attack of small-pox. I gave her the names of a number of institutions, and, after trying several, she gave it up in despair, went home, and a good woman from close by was got in and did very well. I venture to think this a good suggestion: Have a Central Office—say at Charing Cross. Let every institution send a list of names of their nurses at home, and fit to start for cases. Let the list come in by 10 a.m. every morning. Much time would be saved. The name of the nurse and institution, and nature of case given; the message could be sent at once to the institution, or a reply sent if all nurses of that establishment were engaged. People in the country, and London too, often do not know where to send when they want a nurse, and their doctor is as often unsuccessful when he writes for one. If the various institutions could meet and discuss it, I think the plan would work admir-




ably. Medical men, too, cannot always get the nurse they want for a particular case, but know of another nurse equally good in the same line, who nursed a case they saw in consultation ; they could find out in a moment at this Central Office if she were engaged or not. The lists might come in morning and evening. The only difficulty would be the jealousy or suspicion on the part of some as to whether their institutions would suffer in any way. I do not see how they would. The Secretary must, of course, be neutral, and not recommend institutions or nurses beyond showing names and addresses. A fee should be paid ; the expense of the office would not be great, and the advantages would be considerable. The name of no nurse should be down on the books of the office unless she was connected with some recognised institution or Nurses' Home, or had been properly trained and possessed of a certificate ; or, if she had never been trained, she must be possessed of a certain number of testimonials from medical men, speaking in strong terms of her proficiency. I would like to go further, and suggest that if the money is forthcoming, as it ought to be, that we should not be content with a Central Office, but also have a Nurses' Club. They very often wish to meet each other, and it is not always easy to manage ; they are sometimes a little time without a case, or waiting a bit on purpose to rest. They have a lodging to sleep

in, if they do not belong to a home; but all this makes a hole in their savings. A club would give them the advantage of cheap and good living, the pleasure of keeping up old acquaintance, and, with a good library, they could both spend a quiet, pleasant time, or read up some good Manual bearing on their work. I need not sketch any more developments, but venture to throw out the above, as I know that nurses would, many of them, highly appreciate something of the sort. Everything that draws nurses and institutions into one common bond and centre is good. At present, much harm is done by opposition, one institution paying better than another. A woman will go to one place, learn her work thoroughly, and, as soon as possible, take herself off to an institution which offers more. This is very hard on the hospital which trained her, for it has to take up the trouble and inconvenience of beginning the training of a new recruit. In private houses nurses must take their chance of what they get, little or much, above the amount they have to pay into their Home; but the salaries in all hospitals and institutions, terms of board and lodging, allowance for dress and aprons, should, as far as possible, be uniform.

Never trust to any verbal reference as to ability. I mean, pay no attention to any testimonial which the nurse cannot show in writing. If the testimonials seem satisfactory, but not of recent date, or if

you have ground of doubt, write straight to any seemingly satisfactory reference the nurse mentions. A woman who was for a short time in the University College Hospital, and discharged for misconduct, goes about the country referring persons to myself and the head-sister at the hospital. The nurses there possess a deservedly high reputation ; and when people are told they may inquire of the head-sister or of the nurses' chaplain, they think it must be all right, and do not trouble to inquire more. Twice, at long intervals, have I been written to by the families this poor woman has deceived.

A nurse may often be of great use to the patient's soul. It is not her place to preach, but more than once has the nurse been the means of getting the friends to allow a clergyman to be sent for. I have known cases where a patient would let the nurse say a prayer, or read a bit morning and evening, but would not allow a clergyman to be sent for. It is often, as I said before, from shyness, or from not knowing any clergyman as a friend already ; it is often from the thought of the past life, which makes the patient shrink from hearing about the awful future—death, and what it leads to, the Judgment. The nurse can often manage to persuade the patient to see the clergyman. "I know it will please this or that one of your relations." "I will take care he shall not stop too long, but



just say a little prayer over you, and then go, and if you don't like him, he shall not come again." Sometimes the patient does want to see a clergyman very much ; now is the time for the nurse's loyalty to her patient to prove itself. Friends and relations won't hear of it sometimes, though the poor patient would gladly have a visit. The nurse can then get some trusted visitor, or, perhaps, the doctor, to let the clergyman know. More than once has a doctor been the best friend to a man's soul as well as to his body, and sent me a hint to call. Sometimes there is a little difficulty. One is told, "He is not bad ; perhaps, if he is worse, we will let you in ;" or, "I can assure you he dislikes clergymen particularly ; you won't mind me saying so." I suppose most of us can remember cases when the patient looked upon us with a scowl, and seemed to regard us as audacious intruders when we first went into his room ; but after a while he did not mind us coming at all, and to the astonishment of every one seemed to like our visits best of all ! I know with myself much of the pleasure of this success has often been due to the nurse's influence with her patient. A nurse, too, can often do good after the death in a simple, powerful way. I remember more than one case where the reverent laying out and arrangement of the death-chamber has been the beginning of real good in some one of the mourners. Not as a mere

finishing-up of their work, but as a genuine work of love, have I seen these women doing all sorts of things in the last offices for the dead, just as if for a near and dear relation of their own. In conclusion, let me say, the nurse can never remember too often, as her help in trial, her encouragement in weariness, her motive for her work, the verse she knows so well, and which she so often sees upon the wall, or has whispered to her by some grateful mourner as the effort is made to thank her for all she has done—


“Inasmuch as ye have done it unto one of the least of these My brethren, ye have done it unto Me.”

## XV.

*THE DOCTOR.*

IF there is any reason to think that a person is going to be seriously ill, send to the doctor at once. This reads as a very simple bit of advice to give, but, nevertheless, it is necessary to repeat it again and again. People often say, "It will very likely pass away;" or, "You will be better in the morning;" or, "Let me give you some of this; I know it always did my uncle so much good when he used to be taken like that." No doubt many send for the doctor needlessly. Often would a medical man rather have missed the fee than have had his time wasted by the frivolous, fancied maladies brought to his attention. But the old proverb is worth remembering as regards sickness, "A stitch in time saves nine." Again and again a doctor could have materially improved a patient's chance of getting well through an illness if he had been sent for a little sooner. Sometimes well-meaning friends have done harm by what they have administered, and just given the very worst thing. When you send to a doctor, send the most sensible person you have in the house, or go yourself. The doctor may be wanted in other directions, and if your case is a

slight one, it would be a pity to have called him to the opposite direction of where a bad case was awaiting his arrival. Doctors cannot always tell from the messages they get what sort of a case it is they are wanted for. Simply to ask him to come does not give him any idea of the urgency of the case. The servant, if he is questioned, may know but little except that "Master was took awful bad;" or, "Missus has got the spasms, I am sure!" If it is a surgical case, say so. A doctor might come some distance, and then find the want of something he had not got with him. Once I remember a doctor being sent for to a town some distance off to come at once to a country-house for a serious case. I came in after the messenger had started, and sent off another. The doctor arrived, having met the first messenger, and missed the second; but my messenger brought from his house that which was wanted; and it was indeed just as well, for the doctor soon relieved the patient. You must not write a treatise of symptoms, but if there is time send a short, plain note of what is the matter, and then the doctor will come less in the dark, and be better able to judge as to whether he should go first or not to some other case. If it looked like fever, for instance, the doctor would visit a lying-in case first, of course. How to choose your doctor is not for me to advise. I do hear such marvellous things said about them, such astounding reasons given for




calling in this or that particular doctor. A friend who was cured of some simple thing, which hardly required any care or skill in treatment, proclaims his doctor's name and fame wherever he goes. Another had a relation suffering from a complication of serious diseases which no medical skill could have cured, and he died; and then the doctor, who was a thoroughly good one in every sense of the word, is talked of as if he had killed him. And you are strongly urged, "Whatever you do, don't have Dr. —; he killed my poor brother!" Or a doctor comes to see a patient weary and worn from his honourable toil. The lady of the house, in a patronising way, is too explanatory or dictatorial, and perhaps the poor man is obliged, for the good of his patient, to be a little decisive, and says a little bluntly, "My dear madam, I can assure you it is nothing of the sort, and what you suggest must on no account be done." The good soul has been accustomed to rule, and this audacious conduct on the part of a doctor who simply cares for his duty, and for nobody else's fancies, makes her very angry, and the doctor is henceforth abused to everybody as "A perfect bear, my dear!"

There should be the most perfect fair-dealing in every way on the part of every one in the sick-house towards the doctor. It is by no means a rare thing to find people who are thought very good and respectable, thinking it no harm to try and deceive



the doctor. A doctor does not always tell all his reasons for this or that piece of treatment, and, because people do not see the necessity for it, they omit it, or do not take much trouble about it, or do it less than they were told. When the doctor is sent for, then you should just put the case into his hands, and do as he tells you. He cannot think of everything ; so if there is any point connected with your patient's diet, medicine, or treatment which he has not mentioned or explained, ask him about the thing, whatever it is, but do not take the matter into your hands and settle it for yourself. A doctor is not likely to forget anything of importance, but some little thing added to his treatment by an officious relative may just spoil it all. People are generally very ready to look upon the doctor as infallible and supreme, and do as he tells them in the sickhouse ; but of late years, when so many people think they know something of everything, there are many who flatter themselves they are wiser than the medical man. All I can say is, that if a doctor is sent for, he ought not to be expected just to advise as far as you think good, but the case should be put into his hands for him to do his best for it, and, of course, his interest is to do his best for it. Most doctors, if fairly puzzled, or having tried all they can think of without avail, will gladly have a consultation, and be the first to propose the calling-in of another doctor. But, sometimes, persons are



needlessly impatient, and quite insult their medical attendant by wishing to change his treatment, and call in another opinion before his efforts have had half enough time to take proper effect. A doctor, like every one else, makes mistakes occasionally; but what are called mistakes on his part, are very often not so. He has, perhaps, carefully tried to find out the nature of the complaint before him; he has followed out carefully the application of right principles, and he has good reason for his conclusion, though the event proved him wrong. But it was not a careless guess in the dark; it was just one of those cases wherein any person, in any profession, may find that, after all, nobody is quite master of everything and infallible on all points. Then, too, remember how nervous, and, if I may add it without offence, how stupid, patients are sometimes, often causing a "yes" to be uttered instead of a "no," and *vice versâ*, and so misleading a doctor in answering his questions wrongly. I suppose that any one with large experience amongst the sick can recall an instance or two of mistaken medical treatment; but, as I before remarked, every one is liable to err, and my impression is that doctors are far more to be wondered at for their successful treatment of many difficult cases, than to be distrusted because of occasional mistakes, which, after all, may not have been altogether their fault. Sometimes, I confess, I have

been astonished at a mistake. For instance, some years ago I went to see a man who was ill. He belonged to some benefit club, and, to obtain relief from it, his doctor had filled up a printed form certifying that he was only suffering from a feverish cold, and from nothing infectious or contagious. I felt sure the man had the small-pox, and asked him to send again to the doctor. He came, and adhered to his former certificate. I came again and saw the man, and sent for a nursing sister, who agreed with me that all the symptoms looked to be those of small-pox. We sent off to another doctor, who pronounced it small-pox the moment he saw the patient, and, by the time we got him into the infirmary, it came well out upon him.

I could mention other instances, but do not see the use. Even in this case it might be that the doctor could have proved that he was misled by what the patient said. Again I repeat that in this world nobody is free from liability to error; that I believe doctors make as few real mistakes as any class of persons in the exercise of their profession; and that, to lose our confidence in them, would be as absurd as to wish to drive a train ourselves because now and then an engine-driver has made a mistake!

I think too much is made of the old saying, "Doctors differ." I do not believe they differ any more than others. I expect a dozen medical men would be more likely to agree about the disease and

treatment of nine out of ten cases they saw, than a dozen members of Tattersall's staring at a horse, or a dozen members of the musical profession criticising an opera. Moreover, it is very good for us that they are apt to differ, in some ways; it ensures no hasty universal adoption of some specific, till it has been proved to be a real, genuine, scientific remedy, instead of just a thing that succeeded in a few cases under special circumstances. Differences, too, are exaggerated. Thus: An officer some years ago may remember that in his regiment, champagne was liberally given to cholera patients during a sudden outbreak of that terrible disease. He comes to some other place, and he hears that when the cholera was there, champagne was not given by the doctors. "How doctors differ!" might have been his exclamation. Perhaps he had not heard that just after the cholera in his regiment, there had been an outbreak of it in another regiment only fifty miles away, and that the doctors, hearing of the slight mortality in his regiment, had given champagne most liberally, and that, nevertheless, the mortality was alarming! Then, too, in Courts of Justice the way questions are put to medical witnesses makes the disagreement to seem greater than it really is. And a question is sometimes put and not followed up by another, which causes things to look more puzzling to the ordinary reader than they really need be. Once in the Divorce Court I heard

a well-known surgeon give his evidence ; he left the the Court, and another medical man was called on the opposite side. This gentleman candidly acknowledged he had only seen one case of the kind in question in his life. His disagreement with the other doctor appeared in the reports, but his candid avowal of inexperience was omitted. The other doctor had seen a very large number of cases similar to that under inquiry. I was acquainted with the latter, a man of great eminence in his special line, and after the trial I called upon him, and for this reason : The counsel who had examined him, proceeded to call other witnesses. One of them made, a statement, which, if the counsel had known it, would have had an important bearing on the medical aspect of the case. It so happened that I had read a work of this surgeon's, in which the very point was discussed, and, to my astonishment, the point was not noticed and the surgeon not recalled. The trial ended somewhat sooner than was expected, and the verdict given. I called upon the surgeon and told him what had happened. He heard it all with feelings in which his sense of the ridiculous and his inclination to wrath seemed to vie with each other for the mastery ; and he ended with some not very pacific remarks as to the way in which medical men frequently fared in Courts of Justice.

There is often a little feeling of delicacy and

shyness about "how to remunerate the doctor." It is a little awkward; but it need not be made quite so awkward as it is. One cannot always have a guinea under the pillow every time the doctor comes into the room; neither does he always expect it to be put into his hand every time he calls. He takes it for granted, when he says "Good morning," that his fee is all safe with you some time or another, and he is too much of a gentleman to remind you of it every time he says "Good-bye." Ask him openly what you are indebted to him for his visits. If he is a stranger, just called in for a day or two, offer the fee upon each visit; if it is a long case, then he does not want the money put into his hand every time he comes; give him the full amount due every now and then. A doctor often dislikes the formality of the fee business at the end of a kind visit as much as you do yourself. I was sorry to read the recent discussion about doctors' fees in the columns of the *Times*. If a patient does not tell the medical man that he cannot afford the usual medical fee, or does not ask him at first what is his fee, he has no right to complain of "exorbitancy," if the sum-total mounts high at the end of a long illness. It is often forgotten, moreover, that many a visit the doctor would not have paid if he had not been sent for, and that if the doctor had only come occasionally (which was really all that was needed) the charge

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would not have been so much. If a doctor says, "It is a complicated case, I must watch it and see how it is going to develop, and shall come once a week for some little time;" then, if the patient's purse is small, he should say, openly, that he cannot afford the weekly fee, whatever it is. Doctors are wonderfully generous, as a rule, and show their generosity with the utmost delicacy; but when they see a patient with all sorts of luxuries, in fashion and dress, it must be sometimes rather hard for them to believe that there is not the wherewithal to remunerate them. It is true, that many, when ill, insist on having all sorts of luxuries and attention, and seem to grudge nothing except the fee to the doctor, though they grudged nothing in the pursuit of that which made them ill! I have known a doctor say openly to a patient, "There is little I can do for you, and it is no use my coming so often." This was honourable; but if he had cared simply for money, and came often, because the patient requested him, his charge would have been talked of as high. I very much doubt if, during the last few years, any man in London has had more opportunity than myself of noticing how much work doctors simply do for nothing. It seems to me as if much of their time and labour was quite unrewarded in any pecuniary sense. I shall not give instances, as it would be bad taste; I will only say, generally, that doctors of all sorts, physicians,

surgeons—some of them most eminent—seem to be quite pleased to give their spare time and service for the benefit of Church work amongst the sick of all kinds, from refusing fees from clergy and sisters, down to attending the fallen, as a labour of love. I know one hard-working doctor who at last got into debt, and had to leave his sphere of practice simply from not troubling himself about his fees. Every one in the neighbourhood sent for him ; he was night and day at the service of the poor ; but he simply, as I say, never troubled himself about his fees in the pursuit of his generous work amongst the sick. I do not think doctors ought to have it altogether their own way, though. No one would wish to deprive them of an opportunity of practising their generosity, but at the same time it ought to be a point of honour with all patients to show their gratitude in as substantial a form as they can. Some little thing sent anonymously—a shilling or two in postage-stamps at Christmas ; in one way or another, every one ought to give his doctor something, though he need not let him know who it came from. I am quite sure that some doctors dispense with fees every year which amount to far more than what many a curate receives as his stipend. Many a time the doctor's fee bears no proportion to the work he does—I mean that, besides his mere professional work, there is often a great deal more



which nothing in this world could repay. Sometimes he acts the priest, and, as far as he can, he often very well exercises the office of a clergyman. I have seen him the best Christian in the room, and sometimes, judging from his grief, as fit to follow first after the coffin as any of the chief mourners. Putting aside any thought of legal consequences which a clergyman might escape, he is in no selfish fear for himself in the practice of his noble profession. I have known clergymen shirk the visiting of infectious cases; I have heard rumours about medical men doing the same, but I never met with such a case myself, and I expect that such instances must be very few and far between—cases, that is to say, of which there was nothing doubtful about them. I suppose most of the above reads like impertinence. To write the praises of the medical profession may seem superfluous, but as I know very well what ignorance there is about the trials of a doctor's life, and what prejudice is often raised against them, to the hindrance of their work, I have just ventured to give my experience of them for what it is worth, as I have had most likely more opportunities of forming an opinion than most of those for whose benefit this work is published. Black sheep there are in the medical, as in other professions. There are some in my own. No doubt, if any one could tell me of an instance of a medical man disgracing his profession, I should be

able to cap the story with another; but I would rather not dwell on this point, and will content myself with the assertion that doctors are a noble body of men, and I do not think it is half enough realised how much the whole nation is indebted to them for their unceasing efforts to prevent as well as cure disease. Having these opinions, and good reason for holding them, I must be excused preaching a little on the verse, "Honour the Physician." The doctor ought to be made to feel most welcome whenever he enters a house; and of all people to show hospitality to, it should be the greatest pleasure to show it to him. There is not a harder-working man in the kingdom than the doctor often is. He should be made to feel that anything he wants at any time when calling, he has nothing to do but to say so and have it. He should be made to feel thoroughly at home. I have seen a doctor sometimes "quite dead done," as people say, and not fit to go into a sickroom. So, as far as you can, take him in hand, and look after him a bit; for those who work for others often forget to take enough care of themselves.

Bear in mind, too, what a strain of mind many a doctor has to live through occasionally. People are so silly about doctors; they think and speak of them as if in their profession it was simply impossible to have any sympathy—as if their hearts were quite callous. I have seen medical men at the very head


of their profession feeling the loss of a patient most acutely. I do not mean that they did not control their feelings at the death-bed, but that it is a heavy trial to the man of science who has done his very best to save his patient, to see him gradually sink before his eyes in spite of all his care and skill. He knows well if the time came over again that he could do no more than he did, but it is a solemn, trying thing to feel that you failed in your efforts to drive away death. To be in constant attendance on a good patient whom one had got to like, who seemed always so pleased to see one, who submitted so cheerfully to all one proposed for his benefit, however painful, and to find him changing for the worse, dying, dead, is not disheartening, for it was not one's fault; but it is very depressing and sad, and makes many a doctor, though he tries to conceal it, look and feel very low for days together. This reminds me to add a useful hint. Never press a doctor to come to a funeral; let him feel himself quite free to come, or not, as it suits him: it takes up his time. He does not always like to decline, and yet it often is most inconvenient to come. Sometimes the doctor is, alas! a man who does not seem to have any definite Christian faith; as a general rule such an one does not interfere. Doctors, when infidels, are not so aggressive as others are when in the same unhappy condition. Occasionally I have been told of

a little undue obtruding of their religious views, in opposition to those of the patient; but if the patient begins the topic, one cannot expect his medical attendant always to agree. I certainly do notice that less objection is raised to balls, parties, late hours, and cold night air, than there is raised to going out early in the morning a hundred yards to a neighbouring church. Going out early without food, with a weak chest, is sternly forbidden by most doctors, and the patient who thinks fasting before Communion the right thing puts the doctor down as an interfering bigot. I think myself there is no doubt about fasting before Communion to be the right thing, but at the same time I believe every doctor is in the right when he forbids a patient who is really weak and delicate going out without food in the cold, early morning. I believe that many can stand it who fancy they cannot; but I am quite certain the doctors are right nine times out of ten when they tell a person that to go out without food early is very bad for them, and that it ought not to be done. It is not for me to settle what the patient is to do; all I protest against is the calling the doctor a religious partisan and interfering, just because what he states on medical grounds happens to be very inconvenient. This kind of interference nurses have told me of, though it has never occurred to myself—the forbidding a patient to be allowed to see a clergyman. Doctors

sometimes, like others, are under the impression that a visit from a clergyman means an excited harangue, a long, loud prayer, a very wearying talk about the truths of the Bible, or half an hour's monotonous reading aloud. Last year there was a picture in the *Penny Post* of a clergyman in a sickroom in an attitude which made him look as if he was about to fall upon the poor sufferer and drag him out of bed and throw him out of window, and was working himself up for the effort! Often have I seen real harm done to sick people by the injudicious pressure and strain of a religious exhortation. No wonder that doctors are rather shy of encouraging the visits of a clergyman to a patient in a critical condition. Some time ago I went to see a patient who was very ill in the ward of a London hospital; I entered the ward, and found the chaplain standing in the middle of the room; he seemed to be simply raving—shouting and waving his arms about! It was enough to prejudice any medical student against the ministrations of the clergy to the sick and suffering. The injudicious handling of religion has driven people mad, and shortened their lives. That exciting, emotional appealing to the feelings often wears a person out. As the patient feels too weak almost to think or speak, what can be the use of wearying him with entreaties to *feel* himself saved? And then, if the poor sufferer cannot put on a bright look and feel

ecstatic, there follows the fear that he is not converted, and then depression and despair set in. Then comes the doctor and finds his patient low ; the nurse tells what has happened, and he very naturally wishes all clergymen at the bottom of the sea. On the other hand, the doctor will often find his work immensely helped by the judicious ministrations of a clergyman who, besides holding the Catholic faith, has a large amount of common-sense as well. I expect that it is owing to the injudicious way of handling religion, and the bad effects therefrom, that a doctor so often refuses to tell a patient what he may think of his condition. I have known patients told up to the last that they were better. I have known all sorts of evasions, equivocations, assertions, made use of, just to keep the patient quiet. I do not believe any patients were ever killed from the careful, gentle breaking to them of the fact that their recovery was very doubtful, or that the doctor does not seem to think they can recover. Much, of course, depends on the state of the patient. It must be carefully considered how far one is justified in saying there is little or no hope. I have seen a patient, who was given up as dying by one of the first physicians of the day—"Cannot possibly live more than five hours, at most" was the verdict ; the patient recovered. This was one of some few cases I have seen, where I am quite sure, that sometimes the

recovery was an answer to prayer. Be this so or not, it is a case in point as to the need of cautious use of language in telling patients of their very critical condition. Doctors, if they know their Bible well, must often call to mind the exclamation of the King of Israel, "Am I God, to kill and to make alive?" They are often, almost fiercely, importuned: "Are you sure there is nothing else to be done?" "Can't you say whether he will recover or not?" "How long do you think he will go on?" "Do save him!" We must make all allowance for the utterances of passionate grief; but ought it not to be taken for granted that, of course, a doctor will always do his very utmost to save his patient? A doctor will often say, "I promise to let you know whenever I have very serious reason to fear the worst," and, having said that, he ought to be trusted, and not worried, every time he comes, with questions in the sickroom, and then be waylaid by another relative on the landing-place outside the door, be cross-examined again by a parent in the dining-room, and receive a parting shot, in the way of a question, from the servant who opens the door to let him out! It is all very natural; but would it not be much better for everybody if the relative in charge was, by common consent, to be the only one to hear what the doctor has to say, and then inform the others, as may seem right and necessary? Remember, too, that doctors cannot possibly always



forecast the issue of an illness, or be able to say how long a dying person may linger on. I have often seen doctor and nurse guess very wide of the mark. As a rule, I fancy nurses guess the most accurately. A doctor may have just come straight from another case which seemed far more death-like; he may think the next patient not so bad, unconsciously comparing his appearance with that of the case he had just left. The nurse, too, has been watching the case closely day and night, and she may have seen certain indications a few hours before the doctor came which were not visible when he arrived. The mere fact of coming into the room, and speaking to sick persons, will often cause them, for a time, to seem to revive, and give them a little appearance of strength, which may deceive the most practised eye. Once I was with a patient—the doctor and I were standing by him; he asked for some beef-tea, and then added that he should like another pillow under his head. I turned to take one off the spare bed, and he was gone before the doctor had received it from me to put it under his head. No one can tell exactly how long a dying person will linger on. Some, no doubt, are generally more correct in their opinions than others; but the most experienced observer will find now and then that death comes sooner or later than he had expected. And so, when asking a doctor how long




he thinks a patient may last, do not be surprised if he declines sometimes to give you quite such a definite answer as you wish. Some persons fancy that because doctors look upon sickness as an opportunity of putting their science into practical application, that they are all, therefore, just so many professional workers in the sickroom, and that they do not or cannot sympathise with the higher thoughts and lessons which attend that chamber. Speaking from my own little experience, I think, if a man has any faith at all, that the more interested he is in his scientific pursuits, the more helped his faith will be. It is not the doctor's office to preach or moralise when he comes into the sickroom, though, as I have said before, the doctor is sometimes the only friend to his patient's soul in the house. But, because he comes and goes, and says nothing beyond his professional counsels, it does not follow that he is not just as reverently-minded, as regards sickness and the issues of life and death, as any one else.

I have noticed with pain a sort of way of thinking and speaking of doctors amongst very religious people, as if they thought all doctors infidels, and would not have called them in if they could have done without them, and seem to be quite glad to get them out of the house at the end of their visits. I believe myself that the study of medicine helps one's faith. I never half realised that verse which

tells us we are "fearfully and wonderfully made" till I had done a little dissecting. I am not much of a preacher, but (another clergyman being ill) I once got a note while helping a doctor in a *post-mortem* examination; and, after washing, I went straight from it into the pulpit, and I am quite certain I did not preach any worse than usual on that occasion. Familiarity with sickness and the sight of death may take away any seeming nervousness, but I do not believe that when a man has faith that the study of medicine, or attending the sick, is likely to injure it in the least; it is just the reverse, so I believe. I have seen enough to give me grounds for saying that I am quite sure there are many doctors who would acknowledge that what they have seen and heard in some sickrooms has been an immense help to their own souls. Then, too, because a doctor does not show emotion, but is, as he ought to be, cool and collected, he is put down as devoid of sympathy; or because he hurts very much in operating he is called cruel. A doctor, no more than anybody else, would hurt any one more than he could help in the execution of his duty; but I am bound to say that I do think for some minor operations anæsthetics might often be used where they are not given. It is all very well to say that we ought not to be such cowards, and that in this refined, luxurious age, we ought to welcome pain as a good thing for us. I reply that we

ought to save each other all the unnecessary suffering which we possibly can. I have known out-patients faint from the pain of some little operation. I have seen a man have a cancer taken out of his arm-pit without anything to save him pain. He bore it like a hero, but fainted directly it was over. This was not in a hospital in England. I know that the pain of taking out a tooth, which was very hard to extract, has been a serious shock to a person ; so much so, that for some long time after the effects were felt. Unless there are grave reasons against it, any one who wishes to avoid pain ought to have the benefit of an anæsthetic. There are many foolish societies now-a-days started ; I think a society for paying an experienced chloroformist to administer anæsthetics to all in and out patients to whom they could be given with safety, would not be such a useless thing as many plans and ideas one reads of. Doctors may naturally be a little disinclined to give chloroform to every one, and if the patient can stand it, it saves time and risk. When a person wished to have it, and an experienced chloroformist thought it safe, then, if death occurred, no one could be justly blamed. Deaths from the use of anæsthetics are very rare, even when the operations are severe, and the patient already much weakened by months of pain. So the mortality would not be great if they were judiciously administered to persons who were



stronger, and only needed to be under their influence a shorter time. I remember a young housemaid with a contracted finger going to a hospital for advice; the surgeon forced it straight there and then, without saying a word, and the woman, of course, fainted away from the pain and shock. A whiff of nitrous-oxide gas would have spared all this. I do not believe any doctor would needlessly and intentionally give more pain to any human being than he could avoid; but, to save time and avoid needless risk, I think that sometimes they persuade people to undergo a minute's sharp pain which they had better have been spared. What about vivisection? says my reader. Does not that prove doctors to be cruel, unfeeling to animals, and so not likely to feel for human sufferers? The vivisection question is in a by-no-means satisfactory state. If I might contribute my mite towards its solution, I would suggest—(1) That it be made illegal to repeat any experiment which causes pain, if that experiment has been already clearly demonstrated and performed. If touching the foot of a frog with any strong chemical causes a particular effect on any other organ, that effect being clearly proved, then it is not to be tried again anywhere in the United Kingdom. (2) That there be a permanent mixed committee of scientific and philanthropic individuals, without whose leave no new experiment shall be performed; the man who

wants to make an experiment, to state distinctly the end he has in view, and how he proposes to accomplish it. (3) Any instance of needless cruelty, if it be possible to convict, to be punished severely. (4) No experiment to be made without the administration of anæsthetics, except by special leave of the committee. Some of the things stated by the Anti-Vivisectionists sound to me to be devilish in cruelty, as well as useless and unscientific; but, at the same time, if it can be proved that a surgical or any other experiment on a living animal may almost certainly prove the value of something to benefit mankind, I venture to think that it would not be cruel to give the animal an anæsthetic and perform the experiment. I confess I should much like to see a list of the discoveries and benefits resulting from the practice of vivisection. If real, important benefits to mankind have resulted, and if they could not possibly have been proved in any other way, then it seems to me the Vivisectionists have it all their own way in the controversy, and nothing remains but to provide that these experiments, if conclusive, shall not be repeated, and no future experiment be allowed without the leave of competent judges; and on no account any experiment without the use of anæsthetics except by leave of the committee. In spite of all the horrors of Anti-Vivisectionist literature, I do not believe that doctors in


general have less kindly hearts to man and beast than the rest of their fellow-citizens.

I have written of the *doctor*, only, as my reader has noticed; we are now to have "doctoresses." If the opinion of an average working clergyman is worth anything on this point, I am bold enough to offer it. It appears to me to be a question for women to settle amongst themselves. If they (all or any) have persuaded themselves that one of their own sex can doctor them better, or that they would be more at ease consulting one of their own sex, then, as far as I can see, there is no reason why they should not have what they want. A woman has often, at a short distance, a keener eye than a man. I know one case where a woman threaded the surgeon's needle when it was required at a dressing, and he could not manage it. In some operations requiring great delicacy of touch and minute, careful dissection, I should think the women might in some cases excel. Abroad, amongst the Mahommedans, the lady-physician would get plenty of practice from which a doctor of the other sex would be excluded. I am bound to say, though, that when the cholera was so bad in Serinnuggur in 1867, that Dr. Elmslie and myself were never refused admittance but once, that I can recollect, into the rooms of women who were ill. I think this difficulty is fast disappearing in India, thanks to the diligence and skill of medical mis-

sionaries like Dr. Elmslie. I think the women would have had less opposition in this matter if some of their champions had not said so much which prejudiced their cause. Many put down all women who wish to study medicine as being utterly unfeminine creatures. Certainly, all women who wish to take up medicine are by no means what they are fancied to be; but I am not going to sketch some I know of, beyond saying that since they began their studies they are not less refined and lady-like than they were before. As regards the "delicacy" argument, I regret that it has been put so much forward. I have often asked the question of patients and nurses of all sorts, and the answer has *invariably been* that they would prefer the doctor to the doctress both for medicine and surgery. To the pure all things are pure, and the woman who is so, trusts her medical attendant, and it is rare that the confidence is abused. If doctors chose to say it, they could, many of them, assert with truth, that they often find patients of both sexes from whom they can learn nothing in the way of delicacy, refinement, and purity. I am sorry that this question has been so prominently raised, for, after all, it is a question of individual character. Many a woman feels that she could say anything that was necessary to her doctor, but would shrink from alluding to the subject with either her mother or intimate friend. Or one doctor might come and see

her and she felt tongue-tied ; another one would come, and she would at once feel she could tell him anything. And so it would be with women doctors, a woman would feel she could say anything to one woman and not to another. So with her nurses. I believe from what I have gathered that when a doctor is all a doctor should be, the majority of women would rather trust themselves to him, and tell him all they wished, than to one of their own sex. At the same time, while I believe that man for the doctor and woman for the nurse is the best arrangement, I see no reason why women should not have a fair, clear course given to them, to enable them to prove the old arrangement wants modifying.

I fear Dickens' sketch of Bob Sawyer has done something to prejudice people against the medical profession, as Mrs. Gamp has done harm to nurses. Both sketches hit a blot ; but they were so true and well drawn out, that people look at them, and forget the bright side of the matter. My own impression of medical students is simply that they are no worse than any other class of young men. I cannot see why they would be ; they are not brought together to study for no special object, as many of the students are at the Universities, but they have to work, and pretty hard, too, for a profession in which to make their living. It does not matter to many a man at Oxford, in





a pecuniary sense, whether he takes his degree or not; it does matter very much, indeed, to the medical student whether he is plucked or not. A very large number of them are very self-denying, studious men, living very quiet lives; and, as for the wild ones, they are not worse than many of the heroes of a town-and-gown riot at Oxford or Cambridge. As far as my nine months' experience of work amongst them gives me any claim to speak, I can only say the average medical student is as quiet and steady as the generality of other young men throughout the kingdom. I cannot think of anything to add to the above remarks, beyond expressing a hope that they will do a little towards smoothing a few of the difficulties occasionally met with by medical men, and that they will do a little to keep up the feelings of trust, friendship, and welcome which the sick and their friends ought always to feel and show towards "the doctor." These verses are from Ecclesiasticus xxxviii. :—

1. Honour a physician with the honour due unto him for the uses which ye may have of him : for the Lord hath created him.

2. For of the most High cometh healing, and he shall receive honour of the king.

3. The skill of the physician shall lift up his head : and in the sight of great men he shall be in admiration.

4. The Lord hath created medicines out of the earth ; and he that is wise will not abhor them.

5. Was not the water made sweet with wood, that the virtue thereof might be known ?


6. And He hath given men skill that He might be honoured in His marvellous works.

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7. With such doth he heal [men], and taketh away their pains.
  8. Of such doth the apothecary make a confection; and of his works there is no end; and from him is peace over all the earth.
  9. My son, in thy sickness be not negligent: but pray unto the Lord, and He will make thee whole.
  10. Leave off from sin, and order thy hands aright, and cleanse thy heart from all wickedness.
  11. Give a sweet savour, and a memorial of fine flour; and make a fat offering, as not being.
  12. Then give place to the physician, for the Lord hath created him: let him not go from thee, for thou hast need of him.
  13. There is a time when in their hands there is good success.
  14. For they shall also pray unto the Lord, that He would prosper that, which they give for ease and remedy to prolong life.

## XVI.

*HOSPITALS.*


SINCE the introduction of chloroform the fear of "going to the hospital" has been gradually decreasing; but there are even now very many who seem to think that going into a hospital necessitates the amputation of a limb being performed! Every one must wish success to the scheme for supplying nurses to tend the sick poor in their own homes; but I hope the plan will be so carried out that it will not keep patients from coming into the hospitals. I have often found great difficulty in persuading the poor to go into hospital. "There is no place like home" is their feeling, be the home ever so unfit for the patient. The best nurse on earth may make a patient, to a certain degree, comfortable in his own home, be it ever so small; but if you can persuade the working man or woman to go into hospital, the patient will be much more comfortable, and stand a better chance of recovery. I have seen the most obstinate refusal to go into a hospital persisted in, and when, at last, the patient consented to go, invariably has he been very glad that he did come, and often is the wish expressed that he had come sooner. Even with



surgical cases I believe there is a better chance of recovery. Many a working man in large towns has very bad air all over his house. Many a room does one go into, in which I should think there was far more chance of an unhealthy wound than in the ward of the most unhealthy hospital. Many a working man has only one room, and in it the patient must keep. The nurse, be she a neighbour or a trained professional, in spite of all her skill, only helps to make the room a little more stuffy than before, unless she can manage to have the window kept open a little more than usual. Always with greatest tact and delicacy endeavour to persuade the working classes and the poor to be taken to hospital when ill. I believe that many a well-to-do patient is not half so well nursed in private houses as the poor are in our public hospitals. I go farther, and state my conviction that many a case has ended fatally, which would have been successfully nursed and treated in a hospital. If any would pay for the expense, it would be well if at the doors of each hospital, papers explaining the aim and objects of the institution could be had gratuitously. Cards in a box, so that any one could take one, would be very useful, and save trouble. Directions cannot be made too clear, either as regards type or wording. Much time and trouble would be saved both to the working classes and to hospital officials, if people could learn distinctly

what cases are and are not admitted into the various hospitals.

No doubt some hospitals are better built and better managed than others, but any well-known general hospital is a far better place for the sick poor to be in than at home. If the room is airy, house well drained, neighbours clean and quiet, the illness may be got through fairly well; but the wisest thing is to go to hospital, and have the extra helps of better nursing, diet, and treatment. One reason why there is reluctance to go off to hospital is this: A man says, "If I go there, I shall be seen by one of the young surgeons or students when I first arrive, and I do not like the idea of it." The young house-surgeon, though, is most likely an enthusiast in his profession, and thoroughly well up in all the new and approved methods of tending the sick. If the money could be forthcoming, one would like to have as the resident physician and surgeon the most experienced men that could be obtained. The first half-hour of treatment may just make all the difference in many a case. The ordinary house-physician or surgeon could assist in the serious cases, and manage many of the slight ones, but he would be gaining many a useful hint from working under a master of his art more than from taking cases all by himself. The importance of having a most experienced medical man to receive cases would be mostly at night, and late on afternoons,



when the medical staff had left the hospital. If the medical and surgical staff could arrange that one of them should be always in the hospital from dusk till ten a.m., it would be all the better for many a patient and many a student, as well as for the young medical man who lives in the building. I suppose there would be a difficulty about this, but if money was forthcoming, the services of a most experienced man could be secured for patients on their first arrival at the hospital. As it is now, if it was thought necessary to send for one of the professors, a messenger would have to go some long distance (to the West End most likely) to knock up the doctor who was wanted, and who might have just been summoned elsewhere.

Whenever you are concerned in sending patients to hospital, try as far as you can that they shall come as clean as possible. Patients sometimes come into a hospital in a state which is simply filthy. In every way, especially for the nurses, it is better they should come in as clean as they can be made, and with the cleanest clothes they can manage to wear. Last year a patient left a well-known London hospital suddenly; she could not stand the annoyance caused her by the condition of the patient in the next bed. It is a hospital which, to look at, appears very clean and well-managed; but this one ward had got to be simply teeming with animal life, from the fearful state of this one patient.

Another question of expense comes in here. After every death or discharge of patient, bedstead, bedding, and all clothing used by the patient, should be thoroughly cleaned and disinfected. The bedding and clothing are generally done ; but though the bedstead is an iron one, do something to it to make sure. To singe it all over with a large flame would be better than nothing. As soon as possible, according to circumstances, food should be offered to a patient after arrival at the hospital, when in bed. It gives a hospitable appearance to things, and makes the patient begin to feel at home. If it is an accident case, or a very serious illness, the ward sister should, as soon as possible, get from the patient all information as to friends' names and addresses. Sometimes there is great inconvenience from this not being done at the first. In the matter of visitors, I think hospitals are, on the whole, liberal enough. When a patient is dying, the nearest relations, one or more, should always have a special pass to come when they wish ; it saves a deal of parleying with the porter, and trouble in other ways. Relations are sometimes troublesome in hospitals, as they are in private, and sometimes very ungrateful and rude to the nurses. All allowance being made for agitated feelings, the head sister in charge of the hospital should be empowered to threaten the withdrawal of the pass if any visitor interferes or is troublesome in any way. One

would like to see a hospital worked and governed by love; but I think it would not be a bad thing if insolence and bad conduct on the part of a patient or friends in a public hospital were made a special offence punishable by the law. It would seldom be had recourse to, but the knowledge of the legal enactment would act as a check on many a man and woman who wilfully add to the trials and troubles of the hospital staff. With the exception of clergy, who must come when sent for, all visitors should try and come at the appointed times; and when they do come, they ought to give less trouble than they often do. Extra door-mats should be in the hall, and every visitor made to wipe his feet. Every hat should be taken off on entrance into a ward. This is a little thing, perhaps, but it is just one of those details which help to keep up the proper tone of a hospital. Where there is sickness the hand of God is specially at work. In the ward are the suffering—show sympathy; there are the dying—show reverence. Your friends are in bed—then be polite, as you would going into any one's room, and off with the hat. There ought (along the floor at the foot of the bedsteads) to be in every ward a strip of noiseless stuff of some sort on visiting-day. The tramp-tramp of heavy feet in thick boots is fearfully exhausting to many a sufferer. The medical staff and all students should wear slippers going their rounds. What can be more in-



consistent than for a medical man to order a patient to be kept as quiet as possible, and then march out of the ward with a dozen pair of feet tramping behind him on the boards of the floor? Directly the visitors are gone, the strip of floorcloth should be rolled up and carried away to a proper place, and be cleaned, ready for the next visiting day.

I do not see why the hospitals should admit visitors gratis. Some trifling charge ought to be made—say a penny. An official at the door might pass in free those whom he thought could not afford it. As it is now, hundreds walk into the place as if it belonged to them, though they never gave the institution a farthing. They make the place dirty, and cause extra scrubbing and cleaning expenses, and also a certain amount of inconvenience. I believe that the penny would not be grudged by any, and that many would like to pay it. Three hundred pennies a week would help to pay the gas bill, or, better still, put it all aside for the pensioning of deserving nurses, and many a working man would more than double his penny then.

Sometimes there is just cause of complaint against hospitals when patients, in a very weak state of health, are suddenly discharged. I was asked once to go and see a man who had been discharged as incurable in the morning. His wife had sold or pawned everything except the bedstead, and gone to live with an aunt. The man got home to his room,

and laid himself down on the bare bedstead. When I arrived, the man was dying; no one was in the room; a large puppy and a cat were chasing each other all over the place and over him. The man was dying when discharged from the hospital. His illness had suddenly run into rapid consumption; his bed was wanted, and out of the hospital he was told to go. Another case: A woman had a severe operation performed upon her. For some time she was in a critical condition. Almost as soon as she was out of danger, while in bed and still very weak, she was told to get up and leave the hospital. She was with difficulty dressed; the weather was bitterly cold; the wound not healed. Luckily a kind lady heard of what was going on, and sent her in a cab to a house where she paid for a room for her. There ought to be a rule that so many hours' notice be always given to patients before their actual discharge, to allow them time to communicate with friends. These are the cases which cause people to think hardly of hospitals. It is not that the doctors are unfeeling, but that they simply think of getting as many cases into the wards as they can have a reasonable chance of curing, and when they have done all they can for one case they very naturally wish to get rid of it for another. They ought to try, rather, to do what most of us find it very hard to do—to look at things from other people's point of view as well as from our own. I think that there

are not many real causes of complaint against the large hospitals, and that whatever patients say against an institution, it is often not the fault of the management, but the fault of the nurse. A nurse can, if she choose, make a patient's existence very burdensome. One of the simplest plans of carrying out this humane object is to pretend not to hear what he says, not to give him at once what he asks for, but say, "You must wait till I know if *you* may have it," though another pet patient would get it at once from her. I have almost always made it a practice when visiting the sick in public hospitals to ask them if they have got everything they want, and if the nurses are kind and attentive. I do not remember ever once, in any large London hospital, hearing any complaint. Now and then a patient, in reply to my query about the nurses, instead of saying they were very attentive, has said, "Pretty well." Some have said they could eat a little more, or would like more clothing on their beds, and when I have said, "Why don't you ask for more?" I have been told, "I don't like to," which looks as if the patient was afraid of his nurse, which he ought not to be. I did once hear a patient say that she would never go to a certain hospital again, because the night-nurse behaved in such a bad manner. I urged the patient to report the matter, but as she would neither do it herself nor let me do it for her, I conclude that it could not all have been true. That

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is a want in most hospitals—better supervision at night. A night superintendent ought to be in every hospital. The head-sister or matron or lady superintendent should take a night now and then, and some one in authority be on duty on other nights. There are more reasons than one for this, which any one who has had much experience in hospitals knows well enough. As a rule, nurses who are worthy of the name can manage well enough through the night; but the whole thing would go on better—nurses, patients, every one would benefit—if it was felt that everything was as much under supervision at night as in the day. Very often, too, an experienced nurse would like experienced help at hand, and the inexperienced nurse would rather speak for advice about a difficulty to the one in charge passing through the ward, than go and call her, and be, perhaps, told she need not be so needlessly alarmed, and must act more on her own responsibility. A night nurse has often rather a hard time of it, and the night superintendent could assist or summon a spare nurse to come down and help for the rest of the night.

I have always found in visiting the sick every attention and civility from nurses; they seem, generally, ready to do all they can to help one when ministering to the sick. They will put up a screen, and ask a patient who is up, to move a bit away; but yet there is room for improvement. There


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ought to be at the end of every ward, in large hospitals, *separate rooms for the dying*. I know well enough that often there would be too many "dying" cases, that sometimes there would be reluctance to go to the other separate room, as some sick people will never allow that they are getting worse. But they ought to have the choice. It is often most distressing to patients, especially to the young, to see and hear people die. The screen is not always up in time, and shuts out no sound. Indeed, the very sight of the screen, and the imagining of what is going on behind it, is almost as bad to endure as to see the kind nurses, one on each side, doing the last offices for those passing away. The moans and the hoarse breathing are sometimes prolonged for hours, and the sound seems to haunt a patient for days afterwards. People, to be sure, do not always die exactly alike, but what can be worse than for two patients, with similar complaints, to be in beds alongside each other—for one to die a most suffering death, and the other to see or witness nearly all of it for forty hours before the screen is put up? I remember a patient, in a very low and nervous condition, in a narrow ward; exactly opposite to him was a man propped up, his lower jaw fallen; and for two days this man had the sight right before his eyes. This was in a well-managed hospital, and just one of the things which an outside observer might notice;

but, no doubt, the excellent staff never dreamed of supposing anything unpleasant was unnecessarily going on. A newspaper over the back of a chair at the foot of the bed would have managed the whole affair. Then, too, it is often very awkward for the sick and dying seeing the clergyman in public. It creates a bit of fuss having the screen put up round the bed ; and many a patient cannot always speak in a low tone. Some years ago a poor fellow sent for me, to unburden his conscience to me. I had never seen him before ; he was dying of consumption, and just in that state in which you often see the sick, as if they did not mind anything or anybody. He seemed as if he could not lower his voice, though, at last, I did succeed in getting him to speak a little lower. In a separate room this trying scene would have been avoided. These rooms need not be called the Death Wards ; call them by some less frightening name if you will, but let a man have the choice of dying in private or not. It is very trying, too, to the relations and friends, and to others, to see them sobbing, or trying to control their grief in public. This is a matter for the public to take up, for if it wants the extra accommodation it must pay for it. I am quite sure that for dealing with souls, in the way of giving comfort, helping to repentance, and the administration of Holy Communion, everything would be better carried out in the

privacy of a separate ward. I have known many patients who would have been only too glad to have been moved into a separate room to die. Many are unconscious and could be moved, for, though unconscious, they often are not quiet in their last hours, and depress other patients in the wards.

If any patient says he would sooner die where he is, let him do so, but at the same time the other patients ought to be considered; and unless there is a very strong objection to being removed, the removal into a separate room at the end of the ward ought always to take place, when it seems certain that death is drawing near. There ought to be in every hospital one or more "sisters for the dying." A nurse or two nurses in charge of a heavy ward cannot always attend to the dying as much as they ought, and would wish. I once walked into the ward of a large infirmary, and saw a man in a bed opposite the door, whose appearance made me go to him at once. He breathed his last just as I got to his side. There was no nurse in the ward; two or three male patients were sitting round the fire, and the poor man was simply neglected. This sister should be the very best and brightest of all the nursing staff; her duty, simply to look after the dying without interference with the nurse in charge of the ward. She would look in at the different wards, and see that everything that could be done at the last moments was done. She might



do it herself while the nurse was attending to other patients. People die suddenly sometimes, and the best-hearted nurse in the world has before now taken something to a patient at one end of the ward, and found another patient dead at the other end of it on her return. It is sad to think of the hundreds who do pass away, with no one whispering a short prayer over them at the last. It would be a comfort to many mourners to know that their relations were tended at the last moments by some one who was sure to have said some little secret word of commendation of their souls to God. This is properly the chaplain's business, but there are many little things for the dying often to be done, which the nurses in the wards cannot always find time to attend to. Some one ought to be at the bedside for some time before the death, instead of the patient lying all alone, with only an occasional look from a busy nurse. There are some nurses, not the properly trained ones, but amongst the ignorant ones, who say when a patient is dying, he is "making his place." No matter what position the patient gets into, he is not disturbed by these silly women. Certainly it is a golden rule to disturb or move the dying as little as possible, but when through weakness a man's head drops on his chest, or his mouth gets covered by the pillow, or he falls or rolls into an attitude in which he cannot even gasp for



breath, then the nurse is simply inhuman as well as stupid not to move him out of his uncomfortable position. I have heard of this but never seen it, and I do not think a nurse would have much chance of such behaviour if I was in the sickroom; but I have been told of this conduct by those whose word I cannot doubt. It is an old tradition, still alive, that when patients are dying in a hospital, the nurses smother them with the pillows to save trouble! Whatever may have happened in old days, it is rather surprising to find such a thing believed in now. Now and then things come to light as to horrors in a workhouse in the way of dirt, bad nursing, and neglect, but I have been assured by more than one patient who has been in a certain London hospital, that dying patients, if troublesome, are always smothered by the nurses to save time, trouble, and expense! I suppose the nonsense gets handed on from the old patients to the new ones; or that when a nurse puts the handkerchief to the mouth of the dying patient (as is sometimes necessary) the others in the ward give her the credit of choking him! When patients die in the hospitals, their bodies are removed from the wards as soon as possible, and now comes in another point needing reform. There ought, besides a "sister for the dying," to be a "sister for the dead." The individual in charge of the dead-house is not always the most prepossessing of personages,

and the bodies ought to be in the care of suitable women. I once went to the dead-house of a very large hospital to identify a body. There were four bodies in it, three women and one man. I can only describe the whole arrangement as abominably indecent. The old nurse who came with me was quite ashamed of the scene ; but told me that she, of course, could not dare to complain. "The sister for the dying" might be the one in charge, and it would be a work of love to see that everything was as it should be for those whose eyes she had just closed.

A very important matter has now to be noticed. Is it necessary, I would ask, to wake all patients so early? I know the answer, "*It must be*, in order to get breakfasts, patients, wards ready before the doctors come." I have known patients in private wards roused at 4.30 a.m. and 5 a.m. for washing and for breakfast. It is just the very time with many a patient for beginning to drop off to sleep. After a restless night of pain, or being kept awake by the groans of an accident case, or the shrieks of a drunken woman who has cut her head, just as sleep is beginning to come then enters the nurse in charge, and good-bye to all sleep for the rest of the day. The dressings have to be seen to, and then when the doctors come they have to be seen again ; surely in some cases the dressings might be seen to and made right on one occasion instead of two.

Patients in public wards often complain of the little sleep they get. Some patients, when once aroused, can never get off to sleep again, and from 5.30 a.m. to bedtime is a very long, tiring day. It is a matter of expense again. May I venture a suggestion? There are plenty of ladies who want something to do, as they say. There are plenty who can get up early and walk to an early service at church. I wish there were more men and women who would thus begin the day. But could not one morning a week be given to the hospital instead, for a couple of hours' work? Several sensible women, who knew well what they had to do, could relieve the nurses of much of the early morning drudgery. The night nurses are tired, and the day nurses sleepy and patients cross; two or three women fresh from their walk could clean and get breakfast ready, and do up the wards while the nurses were free to give their attention to where it was most needed. None of those fussy amateurs for this work; a lady trainer or a lady helping is a great nuisance in the hospital, unless she is a person just the very one for the position. And so with these extra helpers; unless they could be depended on for coming punctually, regularly, and giving plenty of help and no trouble, they would be worse than useless; but a small number of quiet, sensible women, whom the nurses could depend on to do as they were told without any fuss or chattering, would be of great


use—the patients could rest longer, and the wards be just as ready and clean before the doctor's visit. In private wards of hospitals there is this trouble: "Too many cooks spoil the broth," and "Too many attendants worry the patients." One comes in to dust, one comes in to sweep, one makes the bed, one makes the fire, and none of these excellent people will do a hair's-breadth of another's work. All this fidgets the unfortunate patient. When, at the end of the day, the time for sleep comes, it seems to be (by the clock) an early hour, but the doctor is going his rounds, and sometimes an hour or two later than bedtime, so the first two hours are often not worth much for sleep. A patient describes this trial to me as his "last straw." Now that I am on the matter of complaints, I may as well finish off my remembrances of grumbles. In private wards there should always be a light screen; as one patient tells me, "every one seems to consider him or herself privileged to bounce into the room, utterly regardless of what the patient may be doing." A screen would give time for a "Wait for a moment, please." Patients (besides those who are extra sensitive and neuralgic) ought never to be laid on a cold, damp mackintosh-sheet—a strip of flannel or a clean piece of old blanket might be placed under them on the operating-table. Coming from the warmth of a bed, or wrapped in flannels, and then to have

one's bare skin suddenly in contact with the cold waterproof or table is a needless extra shock, not good for nerves that are overstrung already. One patient I know of who suffered from the effects of this long after she had recovered from the severe operation she underwent. In some hospitals the bodies of the dead are carried out of the ward, and put down in the passage just outside the doors of the private wards. One patient I knew counted four one sleepless night. Surely they might be carried straight to the deadhouse, instead of leaving them in the passage till the morning.

As far as I have seen of hospital food, it is far better than many of the patients have been accustomed to. No hospital that is worthy of the name ought to be allowed by the public to be in debt, and ought to be able to pay well for the best possible food of all sorts. If food is bad, it is because the hospital takes the lowest estimate in contracts, instead of paying liberally some first-rate firm, and saying, "The moment your supplies fall off in quality, we go elsewhere for them." I think there is room for a new office. Inspectors-general of hospitals are wanted; in many a hospital they would have little to do, but if they found a hospital wanting improvements, and unable to carry them out, the Government and the public should then be ready to help to effect them. Many a large donation would be

given to a deserving hospital if an impartial, disinterested, well-qualified judge appealed for it. Instead of this, many do not give, because they look on the appeal as so much begging for self-interest. Then, also, some of the "doubtful" institutions would get shut up, if we had one or two good inspectors who could look into matters. Some of the little hospitals do more harm than good; some of them I believe to be mere houses for the benefit of those who carry them on. This is no uncharitable fancy of mine. C. B. Keetley, Esq., F.R.C.S., in his "Medical Student's Guide," speaks thus of these places (p. 51):—"They first secure the names of a number of innocent and well-meaning but inconsiderate persons of rank and position for patrons, then take the ground-floor of a private house, stick up prominently a large board with their own names painted thereon in a striking and effective manner, and call the whole imposture a '*hospital*'! The above slight sketch only needs one alteration to make it true to the life. For the pronoun '*they*' substitute '*he*'; as the staff often consists of one quack and a few dummies." One little hospital I went over, just after the proprietors, with a great flourish, had removed to larger premises. The state of the house was filthy in the extreme. The draining, which was said to have cost much, had been very unscientifically managed, an open

drain under the boards of the kitchen being one little feature of good management. At one of these institutions a friend of mine applied, in answer to an advertisement for a chaplain. (It looks well for an institution to have a chaplain.) Every thing was put to him in a most taking way; but when the subject of terms came to be broached, the reply was peculiar: "We do not propose to give any salary, but to give you so much per cent. on every subscription and donation you manage to get for us." A nobleman's name was mentioned: "Lord — takes great interest; he sent us so much this morning." My friend replied that he knew him, whereupon a change came rather suddenly over matters, and finally, on the whole, "the work was hardly the work for my friend to undertake," &c., &c. Another instance. An old servant went to one of these little places; the doctor was not in, but the matron came, and while arranging what time the old servant should call again, the old servant became very ill, and turned faint. "You had better have a drop of brandy." "Thank you, ma'am;" but, to the servant's surprise, the matron asked her for a shilling, sent out for the brandy, gave the old lady a drop, and tossed off the rest herself. A gentleman who gives away much in charity, sometimes sends a list off to a friendly clerk at his bank of the objects he proposes to help. An institution which is great at "puff" was



scratched out—"by no means give to this," or words to that effect, written against the name. I should very much like to see the out-patients counted by some trustworthy person at some of these institutions; I expect that a smaller total would appear in the flaming reports!

I have heard one or two eminent physicians speaking in very hot terms against some of these places. One said, speaking of a certain little hospital for a special class of diseases, "We shall have next a hospital for diseases of the little toe!" As chaplain to a small hospital, I can see how very easy it would be to make money in the management of a little institution for the good of the sick. People like to give their money, and trust it is rightly used and applied; but as long as we are in this world, I do not see why every one (clergymen and Sisters of Mercy, too) receiving money for distinctly charitable objects should not show in black and white, with voucher and receipt, how it was all used. Mere auditing the accounts is not enough, but a thorough looking into the work professed to be done, inspection of books, names, and addresses of patients, and a little conversation with some on the list, both "in and out," would be instructive, and help to improve matters in some quarters. I have said now all I can say as regards causes of complaint. In the large or well-regulated hospitals I candidly acknowledge that I have not



looked for evils, but just took things as I found them, and the conclusion I have come to is, that many of the faults that may be found are due to want of money to do better ; that the chief blame is with us outside, not with the working staff of the hospitals. Hospitals turn out a patient when they have put him on the way to mend—what more can you expect them to do? It is for the public to come forward then, and say, “ We have a large house close by ; send him there, and after a week’s rest we will send him off to a convalescent hospital in the country, or at the sea.” If the bread is not always perfect, and the brandy too fiery, the nurses too few or overworked, the deadhouse more like a larder than a mortuary chapel, the nurses constantly going off to other hospitals to better themselves—if all these things exist and trouble, well, let the hospital be supported as it ought to be, and then everything will be better worked, and be more as it ought to be. We must not expect too much, and, while wanting improvements, we must remember how much there is good. We cannot be too kind to the sick, but I have often seen patients carried up to bed from operations, and soon made comfortable ; while I have seen, in other countries, men and women after more severe operations lying on the grass till they had got over the chloroform, and then creep home on their own feet some long distance to lie down in their dirt and

poverty in a wretched room, with no one who could properly look after them. I think that hospitals make many, more comfortable than ever they were before. And I believe nearly every hospital patient who was well-behaved would agree with me that if a patient is willing to be contented, a hospital is often a very comfortable, happy place to be in. I was in the Magdalene Ward of St. Thomas's Hospital a short time ago. There are plenty of those who are very hard on others in this world who would not be very much inclined to be attentive and kind to those who have brought on themselves their illnesses, but that ward was a picture of comfort and cleanliness, a dozen of the patients sitting round the fire, decorations on the walls, a piano in the centre of the room, nurse civil, the sister seemingly most fit for her post. The patient I saw spoke in the highest terms of the surgeon's skill and kindness. What more could one have in a public hospital, and for a class, too, that is not generally treated very leniently by the rest of the world, even by those they have sinned with? I know that these special wards are not always just as I saw this one, but I think what I saw is a good case in proof, of hospitals in general trying to make their patients comfortable, even the class that has rightly or not the reputation of being the most troublesome to nurse when sick. In concluding this chapter, I would say that every one who

recovers from a serious illness, whether he has been nursed at home or in the hospital, ought to give, as a proof of thanksgiving, as liberal a gift of money as he can to some public hospital. Many never think of a thanksgiving at all. It would not be a bad plan for every coffee-room and dining-room at hotels to have a box for a hospital on each table. Many who are afraid to say grace with anybody looking at them, might be brave and generous enough to drop in a copper or more, before they sat down or rose up again.

If my reader is not an annual subscriber of any amount, large or small, to some hospital, I hope he will begin to subscribe at once, remembering that there are no institutions where his money will be better used.

## XVII.

*MISCELLANEOUS.*

*Operations.*—If it is convenient to the doctors choose a Friday. Catholics will see the fitness of the suggestion; but as the day but one after an operation is often the most critical period, Sunday then comes in with its extra quiet. The better the day the better the deed, and if the doctors propose to operate on Sunday, I see no objection if it is a very serious case. It can then be done in the morning, and it will be easier for the doctors to give more time to the case throughout the day, if needed. The patient's own medical attendant generally comes first, sees the patient for a minute or two, and retires and waits for the surgeon, chloroformist, and the assistants. Always have a servant on these occasions waiting at the hall door, to show the doctors in quietly as they come, and when they have all arrived the patient can be informed of it, and the operation can begin without delay. It is trying for the patient sometimes to hear ring after ring, and then a long interval. "They are waiting for Mr. —, ma'am," says the nurse, and all this tries the patient. Doctors cannot help being a little unpunctual sometimes, and the chloro-


formist may occasionally be kept a little longer than he expected. So it is as well to tell the patient that the doctors may be a little late. In preparing for an operation, the nurse should try and spare the patient seeing more than is needed. If, for instance, several buckets are required for the reception of fluid, cover them over so that the patient may not see them when carried into the sitting-room, or arrange at the foot of the bed where the patient cannot view them, if the operation is to be done without the patient rising.

A good nurse will get everything ready without alarming her patient. A cheerful remark about the cotton-wool looking like snow will help to make the patient dread the whole preparation less. The nurse should always ask the doctor what temperature he would like the operation-room to be. The greatest care should be taken that nothing is forgotten, and that plenty of everything is at hand. Have the mackintosh sheet that is going to be used a little warmed. The whole of the things should be covered, not only to hide them from the patient but to keep off the dust and bad air of the sickroom. The patient, if strong enough to bear it, should be thoroughly well washed the day before the operation, and, if it will not add too much to his fatigue, on the day of the operation. Then your patient, if very weak after the operation, will have a chance of keeping fairly clean for some little time. Try and

persuade your patient not to take any food for several hours before the operation, or, if it must be given, it should be in the very smallest quantities. Sometimes patients try very hard to persuade nurses to let them have food; she must be firm about this. The nurse should arrange with the servants to come into the bedroom the moment the patient is carried into the next room for the operation, with clean, well-aired, and warmed sheets, and fresh blankets and pillows, too. The patient will then have everything about him fresh and clean, which is of great importance in operation cases. The nurses in charge of the case should be as firm as possible in keeping every one away from the room after an operation. Perfect quiet is *the* thing now. It may not be scientifically put, but I quite believe that sudden or over-bleeding sometimes results from the excitement caused to the patient's heart and lungs by the visit of a relation too soon after the operation. At the desire of the patient, expressed before the operation, the clergyman is sometimes admitted the same day; he should just give the patient a nod and a smile, very softly pronounce the Blessing over him, and walk out of the room without another word. Generally, there is not much in the way of food that will be wanted after an operation; but, besides preparing for the surgeons, the nurse should ask that a supply of ice be

in the house, and the best of milk or beef-tea, or whatever the doctor is likely to let the patient have.

*Dressing Wounds.*—This is often more dreaded by patients than the operation itself. Here is where skilful nursing just makes all the difference. I have known patients not mind their wounds being dressed by one nurse, who positively dreaded their being done by another. First make sure that everything you can possibly want is ready to hand. Give your patient a little beef-tea or food of some kind just before, and, if the doctor sanctions it, a sip of some weak stimulant after the dressing is over; but do not yield, without permission, to the entreaty of some patients who always try to persuade you to give them a good stimulant before and after dressing. A stimulant, to take immediate effect, must be rather strong; your patient, with the pain, gets a little heated, and the stimulant makes him worse. If you see he gets low, pale, faint, then give whatever is necessary; but these stimulants, given when they could be dispensed with, do harm, and then when they are really wanted larger doses have to be given to produce the desired effect; whereas, if less had been taken at first, less would have been enough. When wounds have to be washed or syringed, the cleanest water should be used, but great care should be taken by the nurse that when any




lotion is used that she makes it carefully its *exact strength*. It had better be made at the chemist's, to make sure. I have known patients complain of needless smarting, the result of a nurse making up the lotion by guess instead of using a measuring-glass. Never be in a hurry dressing a wound. If patients are hurt more than need be by a nurse in a hospital, it is most likely because she is too full of work, and is hurried in her actions, without meaning to be rough. A good dresser is deliberately firm and careful. A tender, hesitating handling hurts twice as much. When a patient sees you are cool and firm, he has confidence, and makes up his mind that you will do it all in the best possible manner, with as little pain as need be. If you say, "Now, I am not going to hurt you," and seem to dread giving pain, he will be twice as nervous, shrinking, and impatient. To do the work thoroughly, with as little pain as possible, should be the nurse's intention; but she should carry it out with as little talk or fuss as she is able, and her patients will soon see that her firm coolness is not indifference to suffering, but simply the best method of doing her work. Always wash your hands well, immediately after dressing any wound, no matter how healthy it is, and be sure you have no cuts, chaps, or scratches on your hands. If you have, you must be, if possible, extra careful while "dressing," and wash thoroughly afterwards. Miss



Veitch's book contains plenty of hints and cautions to nurses as to the dressing of wounds and the avoidance of injury to themselves.

*Memoranda.*—Whether you are a trained nurse, or a relative in charge of a patient, make notes of what you have to do; the best-trained memories cannot always remember all. A glance at your notes now and then will often prove useful. It is a common thing for some little point to be forgotten, which one thought one must have remembered. If a doctor gives you a verbal direction about medicines or external applications, or diet, note it down there and then. Notes as to temperature ought always to be written down. In a long case, it is possible for a nurse who has had broken rest, to confuse the degree of the last, with the time before when she took the temperature. With notes, too, if asked a question she can make sure of her answer, instead of yielding to the temptation of saying more or less, as will be most convenient.

*Care of Patient.*—Try and see what he is likely to want, but do not be always watching him so that he shall feel he is being watched. What you know you must do for, or give him, do or give it just when you ought; but do not press your patient with suggestions: "Would you not like a little of this?" or "Would you not like a little of that?" and "How do you feel now?" is a question that need not be asked quite so often as it is. I remember a case



where a patient was ill in bed, and nearly driven wild by his landlady, who kept coming into the room just to see "how he was, and if he wanted anything." He could not sleep, which was really the thing required to set him up. At last, he resolved to pretend to be asleep when next she came in, and when she came, finding no answer, she thought he was dead, and made a great commotion. He was a clergyman; he sent for his organist and told him to get in a supply of food, and lock the passage door; he kept the old lady out for twenty-four hours, got a good long sleep, and was soon up and out at his work again. Patients generally say fast enough if they are not comfortable, or want you to do anything for them; but sometimes you meet with patients who are timid and do not ask when they ought; some are not timid, but do not like, as they say, to give trouble. Some few will practise self-denial and mortification even when ill, and not tell all their wants, and suffer more discomfort than they need. Make a bargain with your patients to be thoroughly open, and never to suppress the mention of any want they feel; and as regards the wish to practise self-denial, they must be told that they must think of others as well as of themselves, and do all they can in every way to assist the efforts that are being made to get them well again. Should patients be rude, or behave in any way they ought not, and you mean to remain with the case,

you must be as faithful as possible in every detail of your nursing, no matter what cause of complaint you have received.

*Prescriptions.—Abbreviations.*—It is very wonderful how some prescriptions are ever deciphered by the chemist. It is astonishing more mistakes are not made. Your difficulty will be in reading the abbreviations. Always ask your chemist to write in English, quite fully, how, and how often, the medicine is to be given. I think it would be a good thing if an Act was passed, forbidding the making up of any prescription a month after its date, unless signed and dated again by the doctor who ordered it. People will often go on using a prescription without consulting a doctor, just because it did them good when first ordered. It by no means follows that a doctor would give the exact same prescription one year as he gave you the year before. He may see all sorts of reasons why a change was expedient. This Act, too, would stop a vast amount of opiate-taking. I have known persons go on with opiates of some sort or another long after the doctor has ended his visits. There is a very full list of "abbreviations" in Dr. Smith's Lectures on Nursing, also in Miss Lee's book. Send at once for a proper medicine measuring-glass, if there is not one in the house. It ought to be part of a nurse's equipment, especially when sent off to the country.

*Bandaging.*—Mr. Berkeley Hill's is *the* book on this subject. Remember that the right degree of tightness and apparent neatness are not the only points to aim at in putting on a bandage; but try, as far as you can, to make the folds fit flat on to the surface of the part you bandage, not touching the flesh with one side and quite loose on the other. Be sure that the bandages are well aired and warmed; this is a point not attended to in private houses. Some old sheet, quite damp, may be brought and torn up for bandages, and if the nurse's hands are moist from attending to the dressings and bathing the wound, she may not notice the damp. If a doctor tells you to put on a particular bandage, which you have never put on before, be sure you inform him at once of your inexperience, and let him show you how to make and use it. Cullingworth's little book tells you plenty about bandaging in a clear way.

*Medical Certificates.*—*A Hint to Doctors.*—In order to get situations, or into convalescent homes, and other charitable institutions, it is by no means an uncommon thing to tell only half the case to the medical man. "Doctor, I want you to examine this young woman's chest, as, if her lungs are affected, they will not take her at —." The doctor sounds and passes her. The young woman has all the while a very bad open sore on her foot, or elsewhere. "You need say nothing about it, my

dear ; and I will give you some lotion to take with you, and you can dress it yourself, and no one will be any the wiser." The result of this "pious fraud" is that the wound becomes too bad for concealment, and, perhaps, offensive, and the people of the institution which does not admit these cases, have the extra trouble of the surgical treatment, if they do not like to send the patient away. This kind of thing is not uncommon.

*Consumption.*—Very often, just before the end, patients feel *much better* in every way, and say they quite believe they are going to get well. I have known patients, most excellent Church people, who decline to receive Holy Communion at home, because, as they say, "I shall be quite strong enough soon to go to church again." Not long ago, I tried to persuade a patient to let me come and Communicate him ; but he would not hear of it, "he was so convinced of his being better," and he died the same night. No illness requires more tact on the part of the clergyman. Sometimes fancies, prejudices, impatience, co-exist with unusual clearness of mind. The long illness has brought with it the long-continued spoiling and over-petting, and though consumption is called "the death of the elect," it very often happens that patients who die from it are not more saintly than others, judging from the way they behave ; much of "the imperfection" arising from the want of tact of those in charge.

*Fevers.*—When there is delirium it is always best to have a second nurse. There are other complaints besides fever, when patients get difficult to manage. Most books teach one thing, to be specially remembered and practised—never contradict. A patient kept on insisting that there was something in his hands—pretending to take it away made matters much worse; the nurse then put something for him to hold in each of his hands, and he was very soon satisfied and quiet. This was homœopathy! Another nurse tried in many ways to soothe a patient, who fancied himself in all sorts of possible positions; at last, she tried singing very softly, and he was very soon soothed and quiet. If you are not accustomed to these scenes, and if to witness them upsets you very much, you may remember that often the patient does not really suffer so much as he seems to do. I remember once a scene that shocked every body. I was left alone with the patient; she got quiet and sensible, and could not believe she had been anything but fast asleep for the last half-hour. Of course, I did not tell her how she had scared every one out of the room. When you have to use cold applications to the forehead, be sure that you do not put the rags on too wet—this is a common mistake with beginners—as the water then trickles down the patient's face, behind his head, wetting the pillow. Frequently change the rag, and avoid the needless

wetting. In delirious cases very much depends on the coolness and tact of the nurse. Sometimes a patient in this condition will keep quiet under the influence of one person, while he will set at successful defiance the efforts of half-a-dozen other persons to restrain him. Many are under the impression that when people are dying from any lung disease, that the last few days will be very calm, and free from any loss of consciousness ; but very often tubercles go up to the brain, and then the case is often more distressing to witness than many a case of fever.

*Fits, Fainting.*—On these occasions, there is often an utter ignorance of “what to do” on the part of those around. One day in the Strand, about noon, I came upon a case—a gentleman on the pavement, face very livid, blood coming from mouth, breathing very loud and heavy. Let him “lay a bit,” said the crowd. As there seemed to be no medical man amongst the bystanders, I raised his head, and then asked help to carry him across the road to the Charing Cross Hospital. Two points about this incident—the mistake in letting the patient lie flat when he had already got too much blood to the head, and the utter want of thought in not at once just carrying the patient across the road to the hospital. Very often there is too much silly fuss made about a case of “faint,” which has the effect of prolonging it. Instead of firm, sensible treat-

ment, you often see a number of friends holding the hands, stroking the forehead, with a little fanning such as would not frighten a fly off the patient's nose, and, on top of all, reiterated, very tender, affectionate expressions of endearment by way of sympathy, which, if there is anything of hysteria in the case, only helps to make matters worse.

*The Ear.*—I have noticed that, while patients are kept fairly clean everywhere else, the ears are often not properly seen to. The bit of sponge on a bone sold at chemists, as "the auralave," is handy for the purpose, but the price is perfectly absurd. A nurse can generally, with a piece of clean, thin rag, clean the ears properly, if she will take the trouble. After some illnesses, patients frequently become a little or very deaf. I wonder if keeping the ears very clean would have made any difference? I expect it would in some instances. Never syringe ears unless at the express direction of the medical man. If the reader has anything to do with schools, or the care of children, never let any one box a child's ears. A large proportion of the "deafness" of the population is caused by this oft-denounced practice.

*The Eye.*—I must repeat the caution against reading too soon or too much during convalescence or sickness. Since the education epidemic has been raging with such severity, young people's eyes are already over-tried by reading when they are



well. Most of us have to read or write far too much, and, therefore, when illness comes, the eyes ought to rest a little like the rest of the frame. You will see religious patients reading their "daily portion" out of their Bible, which is printed in almost diamond type. Send to the Society for Promoting Christian Knowledge, and get some books of Scripture printed separately for invalids in large type. This is easier for the eyes, and lighter to hold in the hand. As a clergyman, I have often felt the uselessness of many books for the sick-room. Many of them look very nice in the shop, but, when you come to use them by the bedside, you feel the want of a microscope. With Bible, Prayer-book, and a good book of hymns, you do not want so very much more. Much in some manuals might well be cut out, and the rest be printed in better type by way of improvement. Be most careful not only for yourself, but for your patient, that no harm comes to his eyes from his disease. Warn him frequently, if you see occasion. If the eyes are closed of a morning, and the eyelashes gummed together, then cleanse the eyes gently, carefully, and thoroughly before washing the rest of the face. Try and keep all light in the room as steady as possible; "flickering" is often a great annoyance—another reason for preferring a well-shaded lamp to the light of a candle.

*Fomentations.*—1. Be sure not to apply so hot as

to scald or burn. 2. Wring the cloth or lint well out before application. 3. Do not change till the fresh fomentation is quite ready.

*Indigestion.*—According to many authorities, bread is a great cause of indigestion. That which looks the nicest is very often the least nourishing and the least digestible. We want a committee on bread, to settle once for all what is the best bread in every sense, and, then, perhaps, we might get bakers to oblige us with the article. Try and get your patient to distinguish between his two appetites. He will eat too much of one thing, because it is just the thing that tickles his palate; he will not eat enough of something else far more wholesome, just because he does not like it quite so much. His tastes, of course, must be consulted, but judiciously; returning strength is sometimes accompanied with inclination to voracity. The inexperienced relative is delighted to see the improvement in appetite. “Uncle has made such a dinner; it was quite a treat to see how he ate.” A good nurse would most likely have given him quite enough of a more wholesome dish, and, perhaps, saved a relapse as well as sickness and other discomforts. Sucking pieces of Solazzi liquorice has before now cured, or greatly relieved, persons suffering from indigestion; but do not try tricks with invalids, but tell the doctor. Sauces are rightly discountenanced, or dreaded, for invalids; but if

very judiciously, sparingly used with doctor's sanction, a little good sauce does help an invalid's appetite beneficially. Worcestershire Sauce (nobody else's but Lea and Perrin's) is the most useful of all, and if too hot do not shake the bottle, or shake it and only put three drops or so into the plate.


*Hiccough.*—Sometimes a sign of the approach of death. When the patient is strong, and this trouble begins, do not try the remedy you read of in books, the giving of a sudden shock. Of all the plans I have ever read of, or tried, this is the best: Get the patient to drink half-a-tumbler of water *very slowly*, while you carefully stop his ears with your hands; be sure you quite stop them, and that the water is slowly drunk.

*The Mouth.*—Very often the mouth and lips become sore. Much of the soreness cannot always be prevented, but generally some portion of it might have been saved. Very often you can moisten the lips with a camel's-hair brush, dipped in beef-tea, and so get a little nourishment taken, when you cannot succeed with a spoon. Painting the lips with glycerine is often very useful towards the end of a bad illness. If your patient cannot do it himself, gently dry his lips, especially at the corners, after each time he is fed or dosed. It is a point not much attended to, and very often one sees a patient carefully nursed in every respect, but with a mouth more sore than it need have been.

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*Sleeplessness.*—This arises from various causes. As far as you can, try and get your patient not to sleep too much in the day. The less he sleeps in the day, the better the chance of a good night's rest. Many sick people sleep, or try to sleep, more than they really need in the daytime, and so spoil their nights. In many cases you must get your patient to sleep just when you can, no matter when; but sleep in the daytime is always liable to be broken, and as the day is not such a natural time for sleep as the night, it is doubtful if sleep in the day is as beneficial. When you cannot change the sheets, or if there is no necessity, it makes the bed feel far more pleasant if you stand at the foot of it and take the bottom sheet and pull it as straight as you can; when this can be done without inconveniencing the patient, it makes the bed feel as if just made. A pocket-handkerchief rolled up about an inch wide, and laid over the eyes, very often helps to make a person sleepy, and it is a plan very little known. Sometimes a slight, continuous noise will irritate a patient, sometimes it soothes. A slow-ticking clock will help one person to sleep and fidget another. If you have a large filter, and the water drips into a china footpan, the continuous patter will send some patients off. A musical-box under a pillow sometimes succeeds. Reading poetry aloud to the patient, trying to breathe slowly and very regularly—all sorts of plans are in vogue,

but none are unfailing. Never give or allow an opiate to produce sleep without the order of the doctor. Sometimes they are begun too soon, and when really needed seem to be of hardly any use in consequence. Never give an opiate to a patient until you have a very good chance of keeping him undisturbed for some time after. If anybody must or will come into the room, get them to say "Good-night," and go at once without talking. When you wake a patient, be careful about it ; some do it far too abruptly. Standing over them and speaking sharply is about the worst way. If it is absolutely necessary to wake a patient, begin to put the room to rights, not making a clatter, but gradually bustle about a bit, and your patient will gradually awake without any suddenness or shock. Always look pleasant when the sleeper awakes, whether you awake him or whether he has just opened his eyes before dozing off again. Sick people are often a little nervous, and a long-faced nurse watching them like a basilisk does not reassure them ; whereas a bright smile will make them feel all is well, and that they are not expected to die in their sleep, and off they will go again. There is a theory that the position of the bedstead has much to do with getting to sleep. According to some, whether your head or your feet point towards the North Pole just makes all the difference ;—something to do with magnetic currents. Be this so or not, I have



known a bed to be moved to a different position, and its tenant get to sleep much better in consequence. Try and have an accurate idea of how much sleep your patient really does get. Doctors do obtain such vague generalities in reply to the question, What sleep has he had? Try and be able to say if it were one hour or five, restless or quiet, instead of "pretty well," or "better than last night." Do not keep your patient awake yourself. "Warranted not to snore," ought to be part of a nurse's certificate of character. Try and go to sleep with your mouth shut.

*Vomiting.*—When this is frequent and sudden, and the basin must be close at hand, cover it over with a clean towel or napkin; the look of the vessel sometimes sets a patient off. Clean out the basin every time, no matter if it is every minute. When helping a patient at this time, do whatever he wants you to do, but avoid what so many inexperienced nurses do—namely, speaking to the patient. Never speak to him at this time unless to answer, or it is absolutely necessary. How often does one see the sufferer, quite exhausted, raise his weary head, and, with a woful look and accent, gasp, "Eh! what?" which really does mean, Hold the basin, Hold me up, and *Hold your tongue!*

*Post-mortem Examinations.*—Very naturally objected to by relations and friends. Sometimes it is absolutely necessary to hold them; sometimes

doctors might very fairly press to hold them, but do not do so, out of consideration for the feelings of the relatives. But I am bound to say that in some instances these examinations ought to be allowed where they are peremptorily refused. If the medical men have been most attentive, and done everything they could in a long, complicated case, and when all is over, if they very much wish to ascertain something by examination, I do think consent ought to be given. If you can tolerate your relatives being operated upon when alive, it seems only natural to allow them to be operated upon when dead. A *post-mortem* examination is a quiet, careful piece of work, for the benefit of science and for the good of other sufferers; and it seems to me, that when medical men ask for permission, which they would not do without good grounds, that the leave should be accorded. I have often seen people look into a coffin in utter ignorance that a *post-mortem* had taken place. I have every sympathy with the natural antipathy to these examinations taking place; but, at the same time, I do think in many cases the prejudice should be put aside, and permission given. The surgeons will respect your feelings, and do nothing more than they need. Sometimes their help after death is necessary, in order to get the dead into the ordinary-shaped coffins; I have known them to come and do what was necessary as a labour of

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love. It is not a duty they could be legally called on to perform as a necessary part of their profession, and so I think, in return, that when there is good reason for the request, that permission for a *post-mortem* examination should be allowed.



## XVIII.

*NEAR DEATH.*

THERE are many various signs of the approach of death ; but you must remember that many of them may occur in serious cases, which do not end fatally. Total inability to swallow, coldness of feet and hands, swellings of the hands and feet, blue or purple look of finger-nails, tendency to pull the nose about, restlessness, throwing the clothes off, attempts to get out of bed, or hang the feet out, a peculiar brownish-blue appearance now and then coming over the face, damp sweat upon the forehead, the features becoming markedly aquiline, twitchings at the corner of the mouth, all these are amongst the signs of approaching death. Do not raise the eye-lid to notice the alteration of the pupil, but leave the head of the patient alone as much as possible. Keep up warmth as much as you can ; but do not be continually watching for and trying for symptoms, but simply and reverently keep on doing whatever may be required. Sometimes you can go on feeding a patient up to the last moment ; sometimes the dying are worried and distressed by unnecessary and over-feeding. As before remarked, you cannot always guess quite accurately how long



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a person may linger on. Sometimes relatives are summoned too soon, and sometimes there are too many in the sickroom; this may add to the difficulty of the patient's breathing. Certainly, it does add occasionally to his distress. Every allowance must be made for grief and anxiety, but sometimes the nurse must be firm, and do all she can to keep down unnecessary grief or premature alarm. I have sometimes walked out of the room, when requested to say the commendatory prayers, and assured the relatives that they need not be said just yet, and persuaded them to get every one they could to come out of the room. Once I am afraid I scandalised a very large number of friends by rising and walking out of a room while another priest was repeating prayers for the dying; the room was small and close, and I and a nurse were sure the "end was not yet," so I went out, and got others to follow, and the patient lived till the afternoon of the next day. At the end, the nurse often has a trying time with the relations; I have helped a nurse by sheer strength to prevent relatives flinging themselves right across the chest of a dying person. I have even heard the dying upbraided for not answering! I will not say more on this painful matter; but in the death-chamber the care of the dying is the first duty, and it is the truest love to disturb them as little as possible, even with the expression of love or grief. Clergyman, doctor,

nurse, all should show the utmost respect and consideration for the nearest and dearest relatives of the dying; but when the dying are likely to suffer from anything, then they must try, with all gentle firmness, to keep things right. The nurse ought to be on one side of the patient at the head of the bed, and the clergyman at the other; the relative who has the right to be nearest the patient, to stand just in front of the clergyman, who can be just a little behind the patient's head. This will leave the nurse quite free, and the relative can be as close as he wishes to the patient, and the clergyman also, just where he can do his duty. Very often it is better that relatives should not witness the death, though present in the room; kneeling quietly round the bed, the dying, if conscious, will then be less distressed and disturbed. When the moment has come, and there is no doubt about death having taken place, the nurse can give a look to the priest, who can then calmly say, "Grant him, Lord, eternal rest." This breaks the news to the mourners, and in every way is far better than what one often does hear said. The reader must not expect that the last scenes will be always either very painful or very edifying; as Miss Nightingale somewhere remarks, they are often "Very common-place affairs." Death, of course, is a most awful, solemn thing; but very often the greatest saints seem to die without any ecstasy, and their

last word, a request for some article of food. You must take these scenes as you find them, reverently and sensibly. Sometimes you do see a look about the dying which seems to speak of Heaven, and sometimes up to the very last moment the services of the nurse are in constant requisition for some little service which distresses the mourners to see performed. Sometimes I have noticed a most keen sense of the ridiculous—so much so, that the relatives have been distressed by its occurrence. If anything absurd is said, do not look shocked; but smile, and if need be, give a playful assent to what is said, and your patient, you will find, will be serious very soon again. The dying want a little tact to manage them properly sometimes. I have seen them scolded by the inexperienced, and thereby needlessly distressed, whereas if a little allowance had been sensibly made for the excitement of the brain, and the patient humoured with tact, according to his mood, it would have been better for all. There is often great anxiety to note and to treasure the “last words.” Do not be disappointed if they cannot always be remembered, or are not what you wish. The dying cannot always know when death is approaching, or speak, knowing that they will not speak again. If you have reason to believe that the dying have made their peace with God, rest in that. Sometimes the last words were little expressions of impatience, uttered half-con-

sciously, or under the excitement of disease. Very often too, I have noticed that a person near death will reply to one person, but will not give an answer to another.

As a rule, disturb the dying as little as possible, but if they are to be asked to say or do anything, let it be done judiciously. Often have I easily got a patient to say something to me when alone, after the others had left the room at my request. Often have I got then the little answer which was wanted when friends had been trying in vain for it. Often a nurse will get an answer from a patient when the best-loved voice on earth fails, or is misunderstood; the nurse's voice has got so familiar to the patient, and for some time has been instinctively obeyed. Friends are agitated, and often have not got the "knack" of speaking to a dying patient. Immediately after feeding with the spoon is often a very successful time in getting an answer. I suppose it is a mixture of tact and practice, for I have often noticed how one person can get no reply, and others obtain an answer without any difficulty. Be very cautious how you ask the dying if you shall say a prayer, or question them as to their faith. I have seen persons painfully shocked by the answers they get. Remember that the brain cannot always take in what is said, and that wrong answers are often quite unwittingly given. If you have reason to believe the dying man has tried to make his peace



with God, simply say, "I am going to say a prayer for you," and then say it without disturbing him. You say it *for* him, *not to* him; so it very often does not matter whether he hears it or not. I have noticed a little haste in the assertion that death has taken place. We cannot always tell exactly when it occurs, but so long as there is the slightest reason to doubt, wait till you are quite sure before saying that a person is dead. I have several times asked people to wait a minute, with good reason. Once I stopped the jaw being tied up too soon. Once the nurse left the room to get assistance to lay out the body. On her return I told her there was still reason to wait. She could hardly believe me; but while I was telling her, she suddenly saw what I had seen when she left the room. With the poor especially I have seen too much hurry. I have twice seen pennies placed upon the eyes, and taken them off because put on too soon. A minute or two's pause is right and fitting for silent prayer, and then let the last offices begin to be performed. The nurse should quietly look at her watch to note the moment of decease; but I have even seen a kind of superstitious excitement about this simple matter. Sometimes it is necessary to dissuade some one of the relatives from being present at the moment of the death. The doctor is the proper person to settle this matter, which requires often much firmness and delicacy of feeling as well as authority.

Again let me repeat it, the care and comfort of the dying is the first duty, and every one by his bedside should try hard to think of what must be best for him. This right feeling will enable relatives to see gratefully that the nurse can now do better than which they could not do themselves ; they will feel that it must be best for him they are parting from that he should not be distressed by loud sobs of grief ; that it must be best for him and for his consolation not to be called upon to answer tearful entreaties, but to listen, if he can, to the calm voice of the minister of Christ commending his departing soul to the care of angel hands, to bear it into the presence of the Most High.

## XIX.

## AFTER DEATH.

SOMETIMES it is as well to give notice to the undertaker even before death has taken place. This seems an unnatural idea, but occasionally it is a practical matter of necessity that the body should be placed in a shell as soon as possible after the death. I need not give the reasons. Some churches have biers and palls ready to use for the members of the congregation. One or two shells would be fitting articles of church furniture. They need not be so black and cold-looking as the undertaker's shell. This shell may have been used for all sorts of cases—suicide, *delirium tremens*, or fever. It may or may not have been properly cleaned and disinfected after each occasion it was used. In most cases there is plenty of time for a light inner coffin to be made, if it is not desirable to wait for the making of one proper one.

When you are quite sure death has taken place, do not hurry the relatives out of the room. Let people do what they wish for a minute or two. Priest and nurse should keep in the background for the time, retiring from all interference just as if



they were out of the room. It is necessary, after a little while, to cause every one to go out of the room, but there are two ways of doing this, and I have seen feelings needlessly hurt by hurrying people away. A minute or two will not make much difference, and as a general rule one or two of the mourners will persuade the others to let them take them away. There is a duty still to be done for the dead, and they are still to be first considered by the nurse.

Some nurses say that you should never wash a body in warm water, as it hastens decomposition. I should doubt if lukewarm water, at any rate, would cause any appreciable difference.

The nurse should always choose her assistants for this task. She generally picks out the most suitable help, and, having got all she wants, she should always lock the door. If the nurse and her assistant are worn out or very hungry, they should come out of the room, wash hands, have a little strengthening food or wine, and then begin their duty. The washing should be quickly, not hurriedly, performed, carefully and *reverently*. It is now that it is felt to be a comfort having a nurse about one's dead with whom one can trust them.


When the washing has been thoroughly performed, the body dressed in nightdress and stockings, it should be laid on a clean sheet, on a mackintosh, on the hard mattress. I once came into a

room, at the request of a relative who had done her best, but was not satisfied with the appearance. I saw that the paillasse was not removed. It was taken away, and the difference was at once quite surprising. The feet should be fastened together with a piece of wide tape. Here comes in a little point: tie the tape in a bow, not in a knot. A little thing like this will strike a mourner; the knot gives the idea of harshness. The hands must be carefully crossed upon the breast; a lump of cotton wool under the elbows will often be of use to keep them in a good position. If you take a little pains about it, you can make a great difference in the look of the face—not only closing the eyes well, but arranging the lips in as natural position as life-like as you can. The hair should be arranged as much as possible as it was in life—with a man, just as he always brushed it; with a woman, as it was when smoothed for the night. The wedding-ring should, of course, not be touched. Other rings, at the discretion of the chief mourner, should be removed. Having laid the body as straight as you can upon the bed, and covered it with a clean sheet up to the neck, cover the face with a small white handkerchief, the best and cleanest you can find. It should be a lady's, the texture and little work upon it will not look so cold as the plain napkin. Then raise the head of the bedstead, if you can, two or three inches, putting a proper support under

the feet or castors ; this not only improves the look, but it may help to check a little oozing from the mouth. Then draw the sheet well over the face, and smooth it all over. If you are very tired, go away, lock the door, have some food, come back, and then set to work to clear up the room, taking everything out of it that you possibly can. If in the country, ask some of the relatives to go out and get some flowers from the garden. This will be good for them to get air, and relieve the strain they are undergoing. How much more you may do, depends on the feelings of the relatives. Some would like a cross between two candles at the feet ; some would like to see a little crucifix just over the head ; some would even be shocked at a cross of flowers on the breast. When there is not likely to be any objection this is a useful hint. Get some purple or red Berlin wool, and, in a few minutes, any one with a good eye can make a large outline cross on a clean white sheet, the stitches a foot long or so. This will make the covering-sheet look a little less cold, and more like a bright pall ; and a flower or two, nicely arranged in the centre of the cross, makes, as it were, a pleasant surprise for those who come into the room. Sometimes there is occasion to use your experience to dissuade persons from coming into the room, and to get them to wait to see the body when placed in the coffin. In the shell the body looks, as people say, " so lost," as it

is not made to fit, and is much deeper than the coffin. In the coffin, well made, with not too many flowers nicely arranged, the "last look" will be far more pleasant than the view after the laying out on the bed or in the shell. Many, I suppose, besides myself have remarked that very often on the *third day* the expression and appearance is altogether more natural, pleasant, and life-like. Often have I told some mourners, who seemed disappointed as they gazed on the dead just after death, that perhaps they would see yet all they wished. This improvement in appearance, coming or commencing so often as it does on the *third day*, may be caused, as nurses say, in their language, "by the muscles settling." But may it not also be a little hint to mourners to remember the resurrection of Our Lord, and the future rising of the dead in Him, when the vile body will be changed like unto His glorious Body? There is sometimes great difficulty in removing the coffin from the room in which the person has died. I can remember cases where we took the precaution of moving the patient into another room, to avoid any painful awkwardness after the death. During the "washing" and "laying out," the windows of the room should be wide open. When everything is finished, there is often much difference of opinion as to whether the window had better be open or shut. The fire, of course, will be put out. Some say that the open


window hastens decomposition ; some assert the opposite. I believe it best to have the window a few inches open, and with the blind drawn down there will not be too much damp air coming in, while the bad has a chance of escaping. Many wish that their dead could be placed into their coffins without being touched by the undertakers. As a general rule, I find that these men do this part of their work carefully, and not roughly ; but what may go on when I am not there to see I cannot tell ; but now and then I have seen enough to cause me to advise you always to be in the room when the body is placed into shell or coffin. The advantage of the shell is this, that it is always ready, and you can at once move the body into a room on the ground-floor or first-floor if you wish ; and that if there is reason for the burial to take place soon, the remains are then at once covered up securely till the coffin is ready. We will suppose, however, that the coffin is come, and taken up to the room. It should be placed upon chairs alongside of the bed. Before lifting let the nurse be alone in the room to see if anything needs changing about the body, and if all is as clean as it can be. When you are all ready, one should stand at the head, one at the feet. One person should get upon the bed, a fourth should be opposite to him, centre of the coffin outside the chairs. The one on the bed passes a broad, rolled-up sheet under the centre



of the body to number four ; and then, when all is ready, the body is lifted into the coffin. Sometimes more help is needed ; but if the nurse is at the head, and the two who use the sheet are strong, four persons are generally enough. Very little makes a pleasant or unpleasant difference in the arrangement of the body in the coffin. Try and place it as straight as you can, and the head exactly in the centre. The head should be, if anything, a trifle more raised than one usually sees. A clean, folded towel under the coffin pillow will do it. If it is decided that the coffin is to remain in the room till the funeral, you will now take everything off the bedstead, and, if it can be easily done, have the bedstead taken down and away. After the room is cleared, place the coffin in the centre of the room, as right and square as possible. I have seen mourners quite pleased by altering the position of the coffin a little before their next visit. If the body is to be taken downstairs, the undertaker and his assistants must do it. If the shell or coffin has to be carried downstairs, undertakers are in the habit of putting a pillow—the first they lay hands on—over the face of the corpse, pressing it down on each side of the face, and then putting the lid on. Do this yourself. First place a clean towel over whatever coverings are already on the face, then put the cleanest pillow you can find upon this, pressing it gently in and around, and then the lid

can be put on. Everything being ready for the coffin in the room downstairs, removal can begin; and it is most important that one person should go before and one after the coffin, as each of them can be of great use in steadying the bearers round the corners, and pointing out steps. When you wish that the undertakers should not be heard, ask them to remove their boots before coming upstairs. Once it was particularly desirable they should not be heard; the doctor and I took off our boots, and carried the coffin past the door of an invalid to the men outside the house. If a lead coffin is to be used, it is always better to have the body in the inner coffin brought downstairs. Whoever writes out the inscription for the coffin-plate should be very careful not only not to make a mistake, but to write the words in the very plainest hand; I have seen a mistake found out just before the funeral was ready to start. When the coffin is brought down, or the undertakers come to fasten it down, it is a good plan, if in the country, to persuade the chief mourners to go for a little walk, if able. It is sometimes a trying time, and when they come in, and you can show them everything nicely done—the pall over the coffin, a wreath and cross of flowers upon it—much of the trial will have been spared them. Here, again, you can look to little things which will just make all the difference. Sometimes you see the pall-cross not quite straight

along the coffin, or, if the coffin is small, you will see the pall quite overwhelming it; you can correct this by one broad fold at the foot. I remember once doing this, and the mourners thought a new pall had been sent for, the improvement was so great. Another time I went into a room to see if everything was nice before the mourners came in. I found a very grand purple pall, with a half sheet of foolscap pinned on to it, with a written request from the undertaker that flowers should not be placed upon it. A piece of light material, same colour as pall, just to lay over the coffin, would be useful to save the pall; or place a wreath and cross of everlastings on the coffin, and keep the flowers and wreaths for the grave. It is hard for the undertaker to have his pall spoiled, but it is not the place on which to pin a written notice to mourners. If you have charge of the body, you will keep the key of the room. Sometimes the chief mourner keeps it, sometimes the nurse. When you take any one into the room, there will be one or two things to remember. Some do not seem to mind seeing the dead. Some wish to take a look, but dread it. You read such stuff in books about the peculiar odour of the death-chamber; this helps to frighten young people. There are many cases where this odour is felt, but often and often no one can tell from the sense of smell whether there is a body in the room or not. Very often a sickroom has a





much more unpleasant odour about it before the patient died—medicines and disinfectants and scents are often more disagreeable than anything you can perceive when alone with the dead. The smell of carbolic in the death-chamber is mistaken for the odour of death, so is that of the fresh-varnished wood of the coffin and the smell of a quantity of flowers, some of them stale. When you have to take in any one for the first time to see death, *be reverent*; this takes away fear more than anything, I believe; I do not know how to describe it, but hushing your voice, as if you were afraid of the dead, won't do it, but hushing it for loving, reverence' sake will. Soon after a light meal will be your time to propose the first visit to a nervous person. You will not, of course, say, as some do when ready, "You can come now and see *the body*," but look a little bright, and say, "I am just going up to arrange some flowers; will you come and help me?" Before you have come down to say this, you should have looked to see that there was no discharge about the nose or mouth, or anything to distress or shock. When you come to the door, do not be too slow and creep in, but quietly open and enter, and shut it. Walk to the window, pull the blind up or down an inch, or do some little thing of that sort; then, when you have seen that nothing has happened

about the face since you left the room, you can call your visitor to your side with some bright remark. If the mourner is very nervous, and you think wishes to kiss the forehead, you can place the palm of your hand upon it a little while, pretending to smoothe the hair; this will take off a little of the shock of the chill of death. I may be thought to be going too much into harrowing details; my reply is, I have good reason, very *sad* reason, for the above suggestion. You can very often, with a little thought, save much needless pain to mourners in your care of and attention to the dead. A little violet-powder carefully dusted over some marked discolouration has prevented mourners noticing something which they had better not have seen. If a shell has been used, see that it is washed before removal from the house. You will take the greatest care that nothing which has been used about the dead shall ever be used again, or if it is to be used again, that cleansing, and, if needed, disinfecting, shall be thorough. The fastening down is now a much more quiet affair than it used to be. Screws are generally used, and hammering is nearly entirely avoided. It is not supposed to be correct to have handles to the coffin; at least, I have been told that handles are not catholic! All I can say is, "Always have them," as plain as you like—two on each side. It saves trouble and delay

at the grave to have handles. Any one who has had much experience can corroborate me ; when there are no handles, straps have to be used, or the ropes passed once round the coffin to prevent slipping. I have seen an accident happen even then, and the clerk at any cemetery will tell you that the coffin without handles is dreaded at interments. When lead is used, tell the undertaker to make sure of the quality of the ropes to be employed ; I once saw a frightful accident happen from a rope breaking when lowering a lead coffin into a grave. Funerals are generally late ; allow ample time, in giving orders to the undertaker ; and be sure that plenty of notice is given to the clergyman of the churchyard as to whether his services are required, or whether permission is desired for another clergyman to officiate. When at the grave one thing should always be found which is ever wanting—steps for the mourners to use. Let some one look at the grave before the funeral arrives, and instead of a great heap of earth all round the grave for the poor mourners to stumble up and dirty their boots and crape on, put three or four pieces of plank for steps, and batten the earth between smooth with a spade. An extra shilling to the gravediggers will accomplish this improvement in five minutes. The mourners can then without difficulty take their last look, and without discomfort. Once or twice I have

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seen persons nearly fall forward, stumbling up the loose mound. Some one should always remain behind to see the grave filled in. This is but only right as a mark of respect, instead of all hurrying away. I once overheard two gravediggers talking over the body they were interring in a manner which causes me to make this suggestion. As a rule, I think they are as nice a set of fellows as any other class of working men. Take plenty of time in selecting design of monument and inscription. And do not erect the monument over the grave for a whole year; let the ground settle properly first. You can, meanwhile, have some nice turf put down, and get leave to place a small wooden cross at the head of the grave.

## XX.

*LIST OF BOOKS.*

*For the Nurse.*—Wood's Handbook of Nursing, Domville's Manual, Lee's Handbook, Cullingworth's Nurse's Companion, Le Hardy's Home Nurse, Veitch's Handbook, Dr. Smith's Lectures, Nightingale's Notes on Nursing.

## DOMESTIC MEDICINE, ETC.

Kesteven's, Spencer Thomson's, John Gardner's, Tanner's Index of Diseases, Shaw's Book of Emergencies.

## SANITARY.

Teale's Dangers to Health ; S.P.C.K. Manuals of Health ; Health Primer Series (Hardwick and Bogue) ; Buckton's Health in the House.

## RELIGIOUS.

*For Nurses.*—The Christian Nurse (Neale) ; Our Work for Christ (Morrell).

*For Invalids.*—Sickness : Its Trials and Blessings ; The Dove on the Cross ; Brett's Churchman's Guide ; Clewer Manuals, Part VIII. ; The Treasury of Devotion ; Sutton's Disce Mori ; The Shadows of a Sick Room ; Andrewe's Devotions ; The Still

Hour ; The Hour of Death ; Pocket-book of Devotions for Invalids (Master's) ; Gore's Pocket Prayer-book ; The Priests' Prayer Book ; Brett's Devotions for the Sickroom ; Life in the Sickroom (Moxon) ; The Sufferer's Guide ; Voices of Comfort ; Hymns and Poems for Sick and Suffering ; From Morning to Evening ; The Sheltering Vine ; The Armoury of Prayer ; Taylor's Holy Dying.

*For Mourners.*—Lyttleton's Scripture Revelations of the Life After Death ; Badger's State of the Dead ; Plimpton's Waiting Church ; Lundin Brown's The Dead in Christ ; R. Brett's Prayers for the Dead ; Mercier's A Future State ; Vaughan's Rays of Sunlight ; Noel's The Name of Jesus ; Plummer's Resurrection of the Just ; Preese's Immortality of the Soul ; Earle's Spiritual Body ; Heard's Tripartite Nature of Man ; Isaac Taylor's Physical Theory of a Future Life ; Bishop Thorold on The Loss of Friends ; Body's Sermons—The Parting of Elijah and Elisha ; Austen's Sermon on Prayers for the Dead ; Bishop of Chester's Sermon—The Intermediate State ; Sewell's Care of the Dying and Dead ; Mottoes for Monuments ; F. G. Lee's Prayer for the Departed ; Southgate's Gone Before.

## XXI.

*THE CLERGYMAN.*


As I have no wish to set myself up as a teacher of my brethren, I must explain that the following remarks are simply made for the benefit of clergy just ordained, and I hope they will prove of a little use.

I do not think we are half sharp enough, if I may use the expression, in finding out and hearing of cases of sickness. House-to-house visiting by clergy and district-visitors does much, but yet there is many a case often close to our doors which we never hear of. It is by no means our fault entirely. People often say, "When I was ill all that time no clergyman ever came near me." If the speaker had only sent and asked a clergyman to come, he might have been frequently visited. But there are many cases where people never think of sending for a clergyman. Yet, if the clergyman happens to find out they are ill, and calls, they are very glad to see him. Amongst the working classes, the members of guilds and confraternities should be frequently asked if they know of any cases of sickness amongst their neighbours, and should be encouraged to tell without being asked. With the

upper and middle classes, the difficulty is far greater, especially in large towns. Great care must be taken not to give offence by acting too much like a detective in the search for cases. Cases may be heard of in this way: You walk about your district and see a doctor's carriage at a door. You can leave a card, saying that you or other of the clergy will be always happy to come if sent for. The card may, or not, go straight into the fire; but, very often, it will be of use. Sometimes, people do not think of sending for a clergyman; your card will put the thought into some one's head, or, should the patient ask for a clergyman, he is not so likely to be put off with the answer, "We do not know any clergyman in the parish, or do not know who to ask." Your card will have shown your readiness and wish to come. Blinds drawn, knockers tied up, give you an excuse for calling and asking if any one is ill, and leaving a notice. The clergyman ought to live as close to his church as he can get; and, if there is reason for doctors to put their names on their doors, so, too, the clergyman's house ought to have some distinguishing mark. I have known people in London drive off to a clergyman's house, on an emergency, from another parish, just because they did not know where their own parish clergyman lived. In towns, we clergy might take a hint from the army. Why not have one or two clergymen always present at some well-




known central spot, on duty day and night. In some places there are clergy in plenty to work the plan. If three clergymen had to be together for twenty-four hours, to go wherever sent for, it would not only be good for the sick to know where to apply, but it would draw us clergy closer, to live and work together like this. People would always send for the clergyman they knew and wished to have ; but there are many strangers who do not know where or to whom to send. This plan may seem impracticable, but, in large towns, I can see no reason why it should not only work well, but also help the Church very much in her efforts at getting to work amongst people. People do not attend much to notices on the church-doors, so it would be as well—besides having these notices of the readiness of the clergy to visit the sick painted up—for the incumbent to give notice very frequently on Sundays that he or any of his assistant clergy will always be glad to come at any time to cases of sickness of any sort. If this was said in a manner which made the people feel that the clergy really would like to be sent for, and would gladly come, it would not be forgotten by the members of the congregation when they had a case of serious sickness in their households. It has been said, that clergymen often prejudice people against their ministrations to the sick, by the constrained, artificial manner which they put on. A clergyman



cannot be expected to walk into a sickroom grinning like a comic actor, but neither should he enter the room looking superlatively dismal, and speak with an unnatural whine. While he is ready and anxious to help the patient's soul in every possible way, the clergyman must not forget that he must use all his tact and discretion to try and get on in the best way with different cases. You must often simply "feel your way" and "bide your time." Sometimes you will be allowed to come and see a patient, but you will be expected to keep religion in the background. Do not give up these cases; they are by no means uncommon. After a time, when you are thoroughly trusted, you will find that there is often very much you may do with these souls. I was told once, "If you had begun preaching when you first came, you never would have come to see *me* again," and the same thing has been said in other ways. So, too, with what you notice in the sickroom; if you see a bad French book on the table, or an objectionable picture on the walls, it may not be your patient's book, and some one else may choose to keep that picture on the walls, simply see nothing, notice nothing, care for nothing but to make friends with your patient, and when you are completely trusted and intimate, you will be asked for help on all sorts of points, and be welcome to do all you can, and wish, for the soul's welfare. Remember that, without abating one scrap of prin-

ciple, many of the people you visit cannot be dealt with just as if they were ascetic clergy or Sisters of Mercy. I have visited cases—long, incurable illnesses—where there were great faith and reverence for holy things, and plenty of novel-reading and theatre-going as well! This, of course, is simply shocking, according to many good people; but, at the same time, there are these cases, and plenty of them; and the clergyman who visits them must not be shocked, but help the patient's spiritual state in every way as far as he can. The clergyman, of course, is not to wink at evil, or be timid in his work of warning or preparing souls for death; all I mean is, that he must not expect every soul he is allowed to minister to in sickness, to be at once just exactly as he wishes to see it before the moment of death. You will find some persons very depressed kept in bed, very awe-struck, very penitent; you will find some, who cannot live long, for the love of others as well as their own sake, trying to be bright, and going out a little into society or amusements. You will find some who will be reverent, and like to be greeted with the salutation in the Office for the Visitation of the Sick; you will find others who would be exceedingly amused at it! I have known patients glad to see one, whose tables are covered with books of devotion; I have been as heartily welcomed as a priest by others, with a pile of "Society Journals" before them. I am afraid




the above will be misunderstood by some, but I am quite sure that we clergy would be far more often sent for than we are to visit the sick, if without any concession of principle, we would be a little less stiff, and try and take people a little more as we find them.

Winning friendship and esteem first, and gradually leading up to higher things, as opportunities occur, is often a far better plan than a stiff exhortation at the first interview, and the patient not caring to see you again, for its result ! Remember, though, that there are many cases where people do long that clergymen would be a little more bold, and speak home to them. People very soon see if a clergyman is afraid of his own opinions or not, and if you speak out for the good of the patient's soul he will see in a moment whether it is done from real love of souls, or as a bit of expected professional cant. Some patients appear as if they could not be serious for five minutes together ; accustomed to sparkle in society, they seem as if they must be as lively and amusing as possible, even when seeing their clergyman ! Let people be as lively as they choose, so long as they see you are in earnest and reverent ; you won't lose your hold on them, because you do not check their flow of spirits. As far as you can manage it, always leave the room, with the last few minutes' conversation quiet and deep in tone. You cannot always manage this, but try for it. When

patients are very weak and suffering, this difficulty will not occur; but sometimes people seem utterly unable to remember that they are the victims of an incurable disease. Some of these vivacious spirits are very often accompanied by real, deep faith, and you will not sober them down by solemn remonstrance. I will now print a few notes on the more practical details of a clergyman's visit to the sick.

Always ask both nurse and patient what will be the best time to come, so as not to clash with the visits of the doctor or relations, or interfere with any of the nursing arrangements. As soon as possible try all you can to make friends with the nurses; as a rule, they are most willing and ready to help you, if the patient seems to care for your ministrations. A nurse is sometimes of the very greatest use, letting you know when your patient's mind is clearest, when he is least fatigued, when you are least likely to see him undisturbed. She can generally give you the best information about her patient's condition, so that you can use your discretion in dealing with him, not to alarm him unnecessarily, and not to let him think himself in a less critical state than he really is. Once or twice, thanks to the nurse, I have been just in time to give the Holy Communion to a dying patient. The patient or friends wish it delayed, and the nurse privately advises you to Communicate him as soon as you can.



Your first visit to a patient who is a stranger to you should be a short one—just to make friends, to show that your visits need not tire, and to leave behind a pleasant impression. You will never let any patient suffering from an infectious malady see that it matters to you in the least. You ought to behave so that the patient might almost fancy you did not know what he is suffering from. It is *not* pleasant to be regarded as a fountain of poison, so do not be looking to see if you are to windward or not, of his head, or holding a lump of camphor in your hand, or having your handkerchief steeped in Eau-de-Cologne ; just simply sit and talk as if your patient had nothing more than a sprained ankle. Do not inhale his breath if you can help it, but do not inhale anybody else's if you can avoid it. If you cannot hear what he says without putting your ear close to his mouth, then put it close to his mouth. If he puts out his hand to shake, and you think you might pain him telling him you had better not shake it, I should certainly take it ; but at the same time, for the sake of others, I think you ought to get out of shaking hands. When you first come in, if you can say, "The nurse says I must not shake hands, so I suppose I must not," this will help you through this little difficulty. You are often advised, whether you shake hands or not with an infectious case, to wash your hands before leaving the room or house ; it would be good to wash the face as well ;

it may absorb or convey infection as much as the hands. Remember that it is as well to be cautious not to inhale the breath of any patient. You read of cautions as regard infectious cases, such as scarlet fever and small-pox, but you might get a bad throat from other cases. Once, when talking to a consumption case in a hospital, I suddenly felt something in my throat, as if a little moist crumb had been thrown down it. I felt all wrong in that region for two or three days, and if I had been in a weak state most likely I should have had a bad hospital sore throat. Certainly the case was a more unpleasant one than the generality of consumption cases, but it shows the reason for advising you not to inhale any patient's breath if you can help it. Sometimes you cannot avoid it, and, if necessary, you must keep your face close to a patient's mouth for an hour if you cannot hear what he says or make him hear any other way.


If your patient is likely to unburden his conscience to you, or wishes for much instruction in the faith, or in preparation for Holy Communion, find out from the nurse how soon he is likely to become much under the influence of opiates. I do not know a sadder sight than that of a man wishing for spiritual help, and yet not clear enough to tell you all he wishes or wants you to do for him. So in all cases of illness, try and get the nurse to tell

you when she first notices that the mind is losing its clearness, so that you can make the most of the time you have. I have said that there is much prejudice against the visits of a clergyman to sick people. It is so often thought that the clergyman will tire, distress, or depress or excite the patient; "And it is most important, absolutely necessary, my dear sir, that he should be kept as quiet as possible, and see nobody." I have known this said when all along the patient has been fretting himself worse, wanting the spiritual help that is denied to him. I have known medical men perfectly astonished at a sudden change for the better in the look of a patient after a clergyman's visit, or after reception of the Holy Communion. I have known one or two cases on which, if they had only happened abroad instead of in England, there would have been much talk of a marvellous miracle. But I think, whatever wonders one occasionally sees in one's work by the bedside of the sick, that the proper course is simply to impress the duty of hearty thanksgiving and amendment of life upon one's patient, and say little or nothing about what one has witnessed in those sacred scenes. I will say nothing more on this point beyond remarking that what I have seen following the administration of the Sacraments prevents my ever having a shadow of a doubt of their efficacy, and when my Roman friends so jauntily deny the validity of Anglican



orders, I can only feel sorry for their misconception on this point.

If you can, try and get your patient, if well enough, to read some good book of instruction on Christian doctrine, such as Sadler's "Church Doctrine Bible Truth." The ignorance of many of the upper and middle classes of the Christian religion is simply appalling. Many a child in a Sunday-school is far better instructed in all that appertains to the Catholic faith. Whatever people in general may think of the Ritualists, the way their doctrines and practices are discussed, proves the astounding ignorance of their opponents. In the debates on the Public Worship Regulation Bill, there was hardly a speech delivered which did not show that the speaker knew very little of what he was talking about. If you go into a room full of people, and find a discussion on vestments going on, most likely there would not be any of the speakers who had ever heard of the Ornaments Rubric, or knew where to look for it if they wished to read it! And so with the great fundamental truths of Christianity—many have never been properly instructed, though all the while they have fancied themselves thorough theologians. So if it is a case of long illness, and plenty of reading will do no harm, try and persuade your patients to read some standard works which will help their faith, and interest them in the reverent study of great truths. You can frequently help a



patient very much by lending some book which bears upon any difficulty he has. It is an excellent plan to send several books, entertaining as well as religious, for very often persons will be shy of reading one book lent on purpose to convince them of anything, but will turn over the pages of several books, and when they see something that just fits them, they will be more likely to study it with less prejudice and more of their own accord. With those who are intellectual, and who will read carefully and slowly, I find nothing so helping as Dr. Pusey's sermons. I lent one without the title-page to a Presbyterian, and the delight over the perusal was great. Most of the books and manuals for the sick are either too sentimental or goody-goody, or, as people say, "beyond them." So it is far better with many persons to get them to read some profound, solid, and helping sermons like those of Dr. Pusey, and then their minds will be helped to reverence and resignation, and a few prayers and resolutions to practise will be enough. When people are very ill, and when they cannot think, remember, or pray much, teach them a little ejaculation to say for themselves. Our Lord's name, reverently repeated, is both a prayer and act of faith. Sometimes a patient will repeat that Name up to the very last, when hardly another word of prayer could be uttered. If you wish to make a weak patient follow you in prayer, first of all try

and let him see every one kneel'd down; then keep silence for a minute or two, and then begin the prayer. I have noticed patients realise then what is going on, when they have paid no attention to a prayer begun with less notice. Sometimes, putting their hands together will help a patient to feel a prayer is going to be said. The reverent bow of the head at the mention of the Holy Name will sometimes tell a patient you are praying. The great thing is to be distinct rather than loud, and very reverent in manner and tone; and thus patients who are barely conscious *feel* sometimes that they are being prayed for. The prayers in most manuals are far too long. The Lord's Prayer, a prayer for resignation and patience, and the Blessing is generally enough. The Blessing should be the last sentence pronounced in the room before you leave it. When your patient is very dangerously ill, or in great suffering, you will come a little oftener to see him. Instead of the daily regulation visit, come twice a-day, if he would like it. A little word of encouragement to go through the pain of the day, the Blessing before trying to face the weariness of the night, is very often help indeed to the sufferer. Sometimes your patient will give orders that whether he is awake or asleep you are to be shown into the sickroom. If asleep, you will just say the Blessing over him, without awaking him, and retire.

It is often in dangerous illnesses a great comfort to know at the beginning of the night that this has been done. With those who are not superstitious, and who, therefore, have no objection to the use of the sign of the Cross, it is very often the greatest comfort to make the holy sign over them. People may think it fancy, but I am quite sure that sometimes the physical suffering is lessened, or more help given to bear it, after the sign has been made. I have seen patients when dying, and unable to speak one word, making the sign of the cross up to the very end. If patients cannot speak, what better could they do for the comfort of their friends to show that their faith was firm to the very end?


*Holy Communion.*—The earlier in the day the better, as your patient will then be more likely to get a little quiet afterwards. If the house and inmates are nice, it is best to bring and have everything ready the night before. The getting ready is a great trial to the patient, who is wondering when you are going to begin. With everything ready beforehand, you can commence at once and spare this fatigue. Always ask the nurse if there is any difficulty in swallowing. There is much superstition about wafer bread, but, oddly enough, if you cut it in squares instead of round, people do not seem to mind so much! Always use it when there is difficulty in swallowing. Ascertain, also, if your

patient can sit up to receive the Chalice with or without help, or if you must use the spoon. If the patient may be raised, the simplest plan is for the nurse to raise the patient, and hold him while you give the Chalice. To dip the Bread into the Wine is the simplest way of Communicating a sick person, but you should explain beforehand what you are going to do, else it might be thought that only one kind had been received.

With infectious cases this plan is supposed to be safer for the priest than using the Chalice, as he has to consume, and then to perform the Ablutions. I always Communicate patients from the Chalice, or with a spoon, and until we are allowed to reserve for the sick we must incur the risk of infection and contagion in doing our duty. It would be real charity for the sick if reservation for their benefit was allowed; it does tire people coming and celebrating. If I had not omitted very much I should have been too late to administer once or twice. In hospitals, time and trouble would be saved; the screen would be put up, and the patient soon Communicated, without fatigue. Be reverent, most reverent, when celebrating in the sickroom. I have known patients prefer not to receive the Holy Communion, and take their chance of dying without it rather than send for a clergyman who was irreverent in celebrating. I will not quote instances, but I can only say, from what I have been told, that

I do not wonder at patients sometimes preferring to die without Communion rather than have a repetition of gross irreverence at a celebration in their room. In some cases it is a very good plan to Communicate the sick at midnight. Everything is then quiet, and the patient will be undisturbed for hours. All depends, of course, on circumstances, whether this time may be chosen or not.

If possible, try and be present at the death. It was by the Church's minister the patient was admitted into the New Life at Holy Baptism; it is fitting that the Church's minister should commend the departing soul at the entrance to the life in Paradise. If a priest is calm, reverent, accustomed to these scenes, can put on his surplice and stole, and do his duty quietly, the whole aspect of death is changed to the mourners, much of its gloom is taken away, and the thought will not be so much of *death*, but of departure to Christ. Consult with the nurse as to how soon to use the last prayers; and before the end comes it is much better to say one prayer now and then, and keep a reverent silence, than to continue praying for a long time. After the death settle with the nurse, or with some relation, to whom it might be said, to let you know if you shall come and help to place the body in the coffin. This is often not thought of, but I have always found people so grateful for the offer, liking to have some one who is likely to be reverent, and



not a stranger, handling the form of the one whose death they are lamenting.

Lastly, in the secrecy of your own heart, often pray for tact and wisdom to help your patient, and to lighten the sorrow of the friends and mourners. People never forget kindness shown in the sad times of need, and if you are bright as a friend, as well as most reverent as a priest, your presence will always be welcomed, and you will ever find the time spent by the sickbed, and in the chamber of death, to be the happiest and holiest in your life of labour for Christ and His suffering members.

As regards the Anointing of the Sick, with prayer, I cannot conceive what objection can be raised against it. The English Church does not protest against the primitive custom, but only against a corrupt following of a holy and apostolic precept.

## XXII.

*HINTS TO THE SICK.*

THE *one* prayer which you should chiefly use is the Lord's Prayer. You know it the best, can follow it the best when said by others, and it is often recognised by the sick when they seem not to hear or follow any other prayer. Use it for different wants and graces. "Thy will be done" is a prayer and an ejaculation which includes everything: resignation, patience, praying God to do with you just as He wills; be it recovery, increase of pain, weariness, or death. It is the one sentence of prayer which makes you safe with God, and sanctifies your affliction. It is what our Lord said at the time of His Passion; so you can say it, in the grateful remembrance of what He suffered for you. "Give us this day our daily bread." Your soul is helped and nourished, strengthened and perfected by various means in different ways. The chief food is the Bread of Life, given and received at Holy Communion; but your soul is also helped and perfected through suffering. You can say this sentence of prayer for your daily Cross—your coming measure of suffering—so that when the pain does come, you will feel it is not the mere accompaniment of your



malady, but the suffering which God chooses to give you for that day as *best* for you, in answer to your own prayer. This will help you to bear it. The Lord's Prayer also asks for pardon of sin, for charity with all; and the ascription of glory at the close may be offered as thanksgiving for the care and comfort you receive in many ways in your sickness from God Himself direct, or through His servants, who minister to you.

Pray that your last thoughts may be Heavenly. Pray that you may resist temptations of thought up to the very last. You may be tempted in thought when you cannot speak.


Pray that nothing you say or do may show a bad example, or tend to injure the faith of any one. If likely to be unconscious, choose some of the prayers to be said for you, and pray that they may be accepted, as if prayed by yourself.

If you have any special trouble, want, or temptation, ask your clergyman for a text or ejaculation to say often and secretly about it.

Be very careful to be patient before and after Holy Communion, for the sake of example as well as for your own sake.

Always try and undo by your manner any little pain you may have caused others by what you said or did when impatient from weariness or suffering.

Make your nurse's work a pleasure to her. Let



her see that she is regarded as your chief help, not only as a paid servant, but as one filling a very responsible and confidential position. Let her feel, whether you say anything or not, that you are always grateful to her for all she does for your comfort.

If it is a good custom to say grace before and after meals, it must be fitting to say a word of prayer at the taking of medicine.

Ask to be prayed for in church the day of the operation.

I have several times conducted a service of prayer in another part of a house while the operation was in progress ; I wish this was always done. It has been a help to friends, patients, and (though they did not know of it) help also, no doubt, to the surgeons.

Pray that nothing you say or do, when unconscious, may pain or shock any one, and that God may count it as not said or done.

Some ask that at their last moments their arms may be extended for them as on the Cross, as a last dedication of themselves to God's will. Some ask that the crucifix may be placed to their lips just at the end.

Pray rather for a holy death than a happy death ; if it is holy it will also be happy.

When you can, say a few prayers at the time when you know there is a Celebration at some

neighbouring church. And on Sundays, when you know people are at church, unite yourself in thought with the great body of worshippers of the Church Militant.

Let all the prayers as above suggested be very short.

If you cannot think, read, or pray much, let your conduct be a life of prayer, showing by your patience, unselfishness, gratitude that God's will is what you desire to be fulfilled in you.

If you are well enough to read, and if the time hangs heavy, there is no harm in reading that which interests or amuses : but do not read exciting, sensational books. I believe that very often sleeplessness is caused to weak persons from this kind of reading. It is endangering your soul to read bad books when well ; do not read anything that is bad when ill. Let everything be done for your comfort and happiness, but let no one lend to read, or offer to talk, anything which may injure the sanctification of your sickness.

Let all your visitors be told by you that the privileged few you allow into your chamber must all let you treat them as your friends, with whom you mean to be open, and they must not mind. When tired, say so. You can turn your visitor out without hurting feelings, using your tact ; but do not go on talking after you are tired, or want your visitor for any reason to go. You are to remember you

have to get well for the sake of others, and not to allow anything to spoil the doctor and nurse's work.

Never encourage your nurse to talk about other patients and their sufferings or behaviour. She may tell you much for your encouragement or to interest you, but do not allow anything approaching to want of reserve or mere gossip about other patients, their peculiarities or domestic affairs.

Do not puzzle, wonder, and talk about "Why a good God of Love can allow His creatures to suffer as you are suffering." Simply pray for conformity to God's will, and rest in the thought that in this life we ever shall have mysteries to face, and that we now see through the glass darkly, and are to walk by faith and not by sight. Your sufferings will only draw you nearer, and help your faith and love to God if you try and bear them patiently; so do not talk about this difficulty, and run the risk of injury to your faith, but let patience, trust, love, be the three great virtues you pray for, summed up in those words of the Lord's Prayer, "Thy will be done."

*Repentance.*—If you have never done so before, try and tell God you are sorry, or wish to be sorry, for all your sins, especially for those sins which most make you fear death. If you have already, before your sickness began, done everything you could think of to make your peace with God, you

must still continue every day to say some one humble prayer for pardon.

Be sure you also express sorrow and ask pardon for neglect of opportunities, neglect of prayer, use of the means of grace, bad example to others, and sins with others. If conscience is troubled, send for some clergyman to whom you feel you could open your grief. If you can afford it, and there is no clergyman near to whom you feel you could turn for the help you want, send to some priest who is at a distance, and ask him to come. Doctors go long distances to help bodies; why should not we clergy be only too glad to go any distance to help souls in trouble? *Make as much use of the clergyman as you wish.* I mean, try and make him help you; be open, and tell him what you *do* want him to say or do for you. Clergy, like doctors, will be able to help you very much more if you will try and not only make them understand your troubles, but also make them understand and feel that you *want them not to be shy in helping you.* We priests are often cowards, and fear to offend; so say to the clergyman you choose to visit you in sickness, that you just want him to help you to the utmost of his power, that you want him, in short, to help you as he would like to be helped himself on his own death-bed.

If you do not believe that the clergy really have "received power and commandment to declare and

pronounce to God's people, being penitent, the absolution and remission of their sins," still, I would most earnestly advise you to tell your clergyman of *the* sins which most trouble your conscience, and ask him to say a prayer for you that they may be forgiven. You will feel this a great relief, and whatever your views are about what is called "Sacramental Confession," you will feel glad that you have done what you have, and God will have given you some blessing and help, far greater than you had looked for.

Should you recover, be sure that your thanksgiving is real and hearty. But not only thank God in your prayers, and at the church where you were prayed for, but as soon as you are well enough, try and spend one day in retirement—a little "retreat," as it were, offering your thanks to God, and praying over your good resolutions. This will deepen your good impressions, and render you less likely to forget how God has dealt with your soul, when you return to the cares and pleasures of life in this world.

Pray for those who minister to you in your sickness, and for all that is done for your benefit. Think of the issues—prolongation of life, may be to live to add sin to sin, or to live nearer than ever to God, and then die and win a Saint's crown.

It may be better or worse for others that you should recover or die. Pray God to overrule all for good, whatever is to be.

Doctors are sometimes fairly puzzled what to advise or attempt. Your praying for them may win them the wisdom to make the best decision, and the skill to put it in practice successfully.

There is a little book, by Dr. Foulis Duncan, with the title "God in Disease." The title is not happily chosen, but the book itself contains many suggestive and admirable thoughts. It was published by Nisbet. A somewhat similar work, "The Mystery of Suffering," is also a book to be read.

## XXIII.


*FEAR OF DEATH.*

IF you have tried to prepare for death, and you seem not to have any fear of it, it is better not to say so. If you believe death passes your soul into the presence of its Maker, that you are then to meet your Maker and Judge, you must, and you ought to have—fear. The very holiest saint now on earth must have some sense of awe at the prospect of passing into the Awful Presence of the Great and Glorious God. You may have faith, hope, love, but still you ought, with these great gifts, to have reverence and awe. “Perfect love casts out fear;” but whose love on earth is perfect? I always think that when persons say they have no fear of death, that they have not thought much and deeply about it, and that they do not sufficiently consider how horrible sin is, and how awful is the holiness of God. Then, too, comes the thought, How dreadful ever to have sinned even once, even a little wilfully, after we had come to the knowledge of Jesus as our Saviour, and have believed that He, the Lord of Glory and the Son of God, died for us on the Cross, His death not being only The Sacrifice for sins, but an appeal to us not to sin again for




ever. "See what I have done for thee!" Fear God and fear death, which is the return of your soul to God, your Maker and Judge. If you cherish this dread of death, you will not fear to die when death comes, so much as you would have feared had you not feared death before it came upon you. If you try and submit to God in every way, and do His will, the fear of death may seem at times to be utterly gone from you; but do not put the thought away when it does come, rather take the thought of fear, as an opportunity of commending yourself for life and death into God's hands.

Some say, "I humbly hope God will accept me for Christ's sake, but it is the act of dying that I dread so much; people seem to suffer so." We see people suffer *before* they die, and sometimes there seems a pang at the very moment of separation of soul from body, but of what is felt in death itself we know nothing. It is very probable that many have suffered far more pain during their lives than they did in the moment of death. Sometimes people die so gently, it is impossible to tell exactly the moment of death; another time, there seems great distress towards the end, and at the end a sharp symptom of pain, but when death *has* taken place we can tell simply nothing of what departed souls experience. Some say, "I do not fear any physical suffering at death, but what shall I see and hear? will not a horrible



darkness overwhelm me?" I know of persons who would, as they say, sooner suffer any amount of bodily pain than have some fearful dream or trouble in sleep, such as they have had. But much of this may have been caused by the infirmities of the body; death sets you free from the burden of the flesh, and no fevered blood or affected organ can influence your mind then. Sometimes, just before death, a look of unearthly happiness and wonder comes over the face; sometimes the dying speak of the angels they see, sometimes of Jesus standing at the right hand of God. Whatever people may say, be these only visions of a failing brain, or the raising of the Veil for the confirmation of faith by the hand of God Himself, the fact remains that up to the last, many seem peacefully sleeping their life away, while in a few instances positive gleams of happiness seem vouchsafed for the comfort of the dying and the mourners. Think often of the fact of a living, personal God. He is not a mere "first cause," a dreamy abstraction, but He is the Lord and Giver of life. "Not a sparrow falls to the ground but He knoweth it." No soul leaves this life but He calls it and sends His angels for it. Yes; but how can the great Immortal, Impassible God understand my horror of death—I, the creature of His hand? He took your nature, that in it He might suffer and die and feel sympathy

for you in your hour of darkness. He can be touched with the feeling of all our infirmities, and He tasted death for every man. If you have ever been in great pain, you will best feel for any one you meet who suffers in the same way; the more you suffered, the more ready will you be to feel sympathy, and the more ready to help. No death ever was, or could be, so awful as the death of Jesus. He was sinless, but on Him was laid the burden of the sins of the whole world; His body, weary, worn, torn by the scourge, and buffeted; His soul, weary unto death in Gethsemane, before the torments of the judgment-hall began; wounded in spirit by the denial of St. Peter, and the awful treachery of a lost soul, hanging upon a cross, placed there by His own people, between two thieves, on a throne of shame; and then the awful trial, which wrung from Him the most fearful cry that was ever uttered since the world was made, "My God, My God, why hast Thou forsaken Me?" Indeed, He suffered as man never did before in His last moments, and for those who wish to die with Him, He will be at hand to help, as their Guide unto death, and with them, through the dark valley, the angels, bearing on the soul where His footprints once for all have marked "tracks of glory through the tomb." Whatever you feel when receiving Holy Communion, prepare for it reverently, faithfully, humbly, as free from sin as, by the help of




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God's grace, you can become. Here will you receive strength to meet death, having, through all dryness, coldness, darkness sought your Saviour faithfully, in humility and penitence—sought Him where you saw Him not; then He will welcome you in peace, when death places you in His Unveiled Presence, at the feet of your Lord and Judge.

## XXIV.

*THE INTERMEDIATE STATE.*

SOME persons speak of the dead as if they at once went to Heaven ; some think and speak of them as if death involved the utter annihilation of soul and body, instead of its being the mere separation of the spirit from its tabernacle of the flesh. Both these views are unscriptural, and therefore not true. We have no authority for saying that any one goes straight to Heaven when death takes place. Heaven will not be enjoyed in its full perfection till all the redeemed are gathered in, and the awful Judgment over. To think that when a person dies, the soul is unconscious till the Judgment trumpet shall sound, is also an idea without any warrant for it in Holy Scripture. What comfort could it have been to the penitent thief to be told that after his agony he should be with his Saviour, if he was to be unconscious of the fulfilment of the gracious promise ? What, then, had he to comfort him more than the other thief ? Is it likely that God, who made the soul, who has watched it with His love all through its earthly career, who has seen and heard its yearnings and prayers to reach Him, will stifle that soul's aspirations at



death? Is it likely that just at the moment that struggling soul of man finds its end, and long-sought true happiness, that then it should suddenly lose all knowledge of the prize so hardly won? We cannot believe that God could call souls as He does with those gracious words, "Come unto Me," and "Whosoever cometh unto Me I will in no wise cast him out," and that when the soul does pass into His Presence at death it is to become utterly unconscious, as if the highest part of man's nature had ceased to exist.

St. Paul, we know, longed to depart and be with Christ; he had also intense desire to remain on earth and work for souls. If death would have placed him in a state of unconsciousness, if to be with Christ simply meant to be in a deep sleep, in a state of inaction, the Apostle, we may be sure, would sooner have remained on earth to work for his Master. The saints under the Altar cry "how long" they are thus alive and conscious. If alive, how are they employed? Do they think of us? May we pray for them? We will, then, take it for granted that death only means the separation of the soul from the body, and that the soul never for a moment ceases to exist. What good, then, can our prayers do for the departed? First, it cannot be proved by any one that our prayers cannot benefit them in some way. Suppose that some Christians were to kneel down and pray that some fresh

blessing might be given by God to the Holy Virgin, the Mother of our Lord, who could prove that it would be a useless prayer? The highest of all saints cannot exhaust the boundless stores of the treasures of God's love. He for ever can be continually increasing the joy and the glory of His chosen ones. If you pray God to bless or have mercy upon any soul that passes into His Presence, how can it be proved to be either a fruitless or a wrong prayer? It is a prayer of love; the object is good; it concerns a soul for whom Christ died, for whom He ever pleaded. Why should He be displeased at our calling on Him to further the work which He has most at heart. No one could with truth or humility dare to say, "I am fit for Heaven," "I am fit to go straight without any uneasiness or need of improvement, to dwell amidst the shining throng of those who have washed, and have been made white in the Blood of the Lamb." Every soul, even the holiest, must feel a horror of sin, and a hatred of self, as it passes into the Divine Presence, and sees sin as it never saw it before, in contrast to the holiness and love of Jesus. Intense agony, intense sorrow, intense longing that the wretched past had never been, intense shame, intense longing to grieve more perfectly, intense desire to show and prove that sorrow, and then to be at peace, forgiven, blessed for ever, must be the feelings with which the hearts of saints are riven,

as they first stand before the Great White Throne. If this be so with the salt of the earth, how must it be with the average or indifferent, thoughtless Christian? How God trains, cleanses, perfects souls, we know not. It is His work (Phil. i. 6), but it cannot be wrong for us, in love to souls, to pray Him to accomplish His work of love in them.

The Jews prayed for the dead, and are nowhere reproved by our Lord for so doing.

We pray for mercy in the Day of Judgment in the Litany.

In the Church Militant Prayer we pray that we may possess Heaven "with them," with the dead.

In the Burial Office that, with them, we may have our perfect consummation and bliss.

The Bidding Prayer in use at some Cathedrals, and in some Universities, contains prayer for the dead.

Samuel, Elijah, Moses, we know were alive and conscious after death.

"God is not the God of the dead, but of the living."

"To this end Christ both died and rose again, and revived, that He might be Lord, both of the dead and of the living."

"He preached to the spirits in prison before His Resurrection." Those in Hades were alive, then.

In the Post Communion Prayer "We and *all*



*Thy whole Church may obtain remission of our sins."*

The Church of England is strong in her appeal to the primitive Church ; the Liturgies of the early Church contained prayers for the dead.

Abraham, Lazarus, Dives spoken of as alive after death in our Lord's Parable.

Memory lives on " Son, Remember."

David speaks of going to his child.

The saints of old spoken of as being gathered to their fathers.

Onesiphorus is thought to have been prayed for by St. Paul, in the Second Epistle to Timothy.

Prayer for the dead mentioned by the early fathers.

Bishop Cosin, Bishop Heber, Dr. Johnson, are amongst the well-known names of those who prayed for the dead. Much of the prejudice against praying for the dead is the reaction of men's feelings from the coarse, material descriptions of Roman Catholics who describe purgatory. I have known Roman Catholics quite disgusted and shocked, and lose much of their faith, from hearing one sermon on purgatory in a chapel in London. It may answer some purposes to paint purgatory the same as hell, only of shorter duration ; but it is done at the risk of alienating souls from a God of Love.

Whatever God does in His work of Sanctification, training, and perfecting the soul after death, people

will never be edified by horrible descriptions of ghastly material torments, to be endured even for a short time by those who tried hard to live and die in Jesus! It is better not to pretend to be wise above that which is written, and not to describe that which is not clearly revealed; far better to believe that there is a purgatory or place of waiting and cleansing, knowing that God will do what is best and kindest for each soul, and simply commend the dead to His mercy and love in the old words:—"Lord have mercy;" "Grant them, Lord, eternal rest, and let perpetual light shine on them."

What can be simpler or less objectionable than this inscription on a tomb in the cemetery at West Brompton?—

*Sacred to the Memory of*

WALBURGIS,

BARONESS DE SPATH SCHULZBURG,

Who departed this life July xix., MDCCCLIX.

She was for lii. years the faithful and devoted friend of

Her Royal Highness the Duchess of Kent, by whom,

and by Queen Victoria, this memorial

was raised, as a mark of affection  
and esteem.

"Grant her eternal rest, O Lord."

What decent Christian could find fault with the writer of the following words?—

"Having been led attentively to consider the question, my own opinion is on the whole favourable to this practice, which indeed is so natural and so comfortable that this alone is a presumption,

that it is neither displeasing to the Almighty, nor unavailing with Him. I have accordingly been myself in the habit for some years of recommending on some occasions—as after receiving the Sacrament, &c.—my lost friends by name to God's goodness and compassion through His Son, as what can do them no harm, and *may*, and I hope *will*, be of service to them. Only this condition I always endeavour to observe—that I beg His forgiveness at the same time for myself, if unknowingly I am too presumptuous, and His grace lest I who am thus solicitous for *others*, should neglect the appointed means of my own salvation."—(*Diaries of a Lady of Quality.*)

But what about those who die suddenly, and who give no sign of penitence? These are the heart-breaking cases. Here is the selfishness of sin, not minding how others may fear and grieve, as well as indifferent about one's own salvation. One can only offer a crumb of comfort. It is possible that God may have saved that soul by the suddenness of death. The one you fear for, may have had a secret serious moment occasionally. It may have been that just as he was wishing, "O that I could be peaceful, and break off from this hollow life of sin and dissipation! O that I could be good, and have a hope for happiness in life for evermore! O that I could be just as this or that one, whose life is so pure, and yet so happy! Ah! well, God grant it!"

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It may be that just as this thought was earnestly welcomed in the mind, that God then took him, to work out that aspiration free from distraction and temptation, in the place where those who are dead are free from sin, and where the soul may train and ripen for Heaven.

Judge nothing before the time. Hope against hope, and pray for all. God, you may be sure, will do all He possibly can to save your brother's soul. He loves mercy more than sacrifice. Pray, then, for all the dead whom you have known in life, privately at home, and especially at the celebration of the Holy Eucharist.



# LOVE BEYOND THE GRAVE:

## A Word of Comfort to Mourners.

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*"There shall no special holy love be lost."*—E. B. PUSEY.

*"How grows in Paradise our store."*—JOHN KEBLE.

*"Blessed in the full affection of those earthly friends whom we loved so poorly, and could protect so feebly, while they were with us in the flesh."*—J. H. NEWMAN.

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THOSE from whom death has taken away the one they deeply, purely loved, will, I hope, receive a little comfort from the following pages. Many who are mourning the loss of relations and friends wish to be told the message which this little book is designed to bring to them. They say or think as follows:—"You tell me not to cry so much, to wipe away my tears, and comfort myself with one of the great Easter truths, 'The dead shall rise again;' but I would wish to hear something more. You tell me that my dead shall live again to die no more; that is one comforting truth. You add, 'Yes, and you shall recognise them,' that is some-

thing more ; but if I am accounted worthy to share in the resurrection of the just, will there be nothing more than bare recognition? Shall I not love them then as now? Will it not be, that, purged from selfishness, from all that is mere earthly carnal affection, will it not be that the pure, special love which reigned in both our hearts, and made them beat as one, will it not be that the special love which knit us into one, the love which God gave and blessed, which made us in this life all to each other, as no other souls ever were to us, or could be, will not this love last on beyond the grave to Heaven?" And what is the answer many have received to this most natural question? Many have been told, "O think not thus; in Heaven we shall all love our Lord only; we shall think of nothing then but of Him, His will, His service; all the loves of earth are passing feelings, and belong to the natural man and to time. There, we shall all be one in Christ, dwelling in perfect harmony; but there, old things are passed away, all things are become new. Thenceforth we know no one after the flesh, or as we knew them in the flesh. There, we shall all know as we are known, and have nothing, not even in love, in feeling to one, which we have not to another. There, all will welcome and be happy with you; the love of God shall fill and satisfy all, and you will have ceased to care for the very highest, purest love of earth, and so

will that other one, for whom you now so weep and sigh." This is stated in less cold, harsh terms than I have known it put to persons in the very first agony of their grief. And what is the effect of this dealing with souls to whom God's ministers should bring a message of comfort? The result is, souls are embittered and hardened, who might otherwise have been won to turn to their Great High Priest, who can be touched with the feeling of their infirmities. They have been asking for bread, and have been offered a stone instead. Hearts have been saddened and chilled for life, which God had only chastened for a season. Mourners have been told that there is no ray of light in all the darkness which covers their souls; that, in short, they are not to sorrow at all, which is unnatural as well as impossible for them; or that if they do sorrow, it is to be with the sorrow which has no hope to make it bearable, or prevent its moving the heart to rebellion and bitterness against God. It was not in this way that St. Paul spake to comfort mourners who bewailed the dead. "I would not have you to be ignorant, brethren, concerning them which are asleep, *that ye sorrow not, even as others which have no hope.* For if we believe that Jesus died and rose again, even so them also which sleep in Jesus will God bring with Him" (1 Thess. iv. 13, 14). What comfort would the Thessalonians have received had St. Paul told



them, what many modern comforters put forth for the solace of breaking hearts? I have known persons told in the first agony of their grief, "Sorrow not, his race is finished, his prize won; he has now passed from this life, and has done for ever with all its trials and pleasures, also with all the affections which mankind can feel; he is now absorbed in the contemplation of Heavenly mysteries, and cannot possibly think, or care to think, for one moment of any one of the purest joys or loves of earth. Weep not, rather rejoice, that he is now where he is, quite oblivious of you and your love and life with him." This is the way in which many have been addressed for their consolation! And then these fearful words have been wrung from the heart and lips of the mourner: "If in Heaven I am not to be to them in any way as I have been, if I am to be nothing to them different from all other, if there is, in short, to be no pure, holy tie between them and me, such as God gave here, and their souls and mine are to be mere units among millions, with no memory of pure, past love on earth, and no present enjoyment of pure, special love in the Heaven we both tried to win as heirs together, then Heaven has no attraction for me, and I would rather not go there at all." These terrible words should never have been uttered; but the provocation to say them ought never to have been given. I will endeavour to give, what I hope to be a true answer to that



yearning question, "Does pure, special love last beyond the grave?"

First, then, I may say I am writing for Christians only, not for those only who call themselves Christians, but who are trying steadily not only to call Jesus Lord, but also to do the things which He commanded. Those who by God's Grace seek Him in prayer, and also in Holy Communion, if they humbly endeavour to make full use of their great privileges, that is, to live in and with Christ by union with Him in His own way by faith and Holy Communion, will have a feeling of nearness to the dead, a sure and certain hope of meeting them again, a feeling of communion with them such as no others can ever hope to have in this life. Those who believe Christians to be members of Christ, members of His Body, the Church, that He is the Head, and that all living in Him are living close to each other, will ever think of the dead as living still with Christ, and, being with Him in Paradise, they are through Him with those they loved on earth, and they on earth whose life is hid in Christ, in Him still live with those who are with Him in Paradise. And so in this love of the Communion of Saints, they still think of each other, pray God to bless each other, still love each other. Their mutual love is not lessened, rather it is increased, drawn out. But those who have as yet but an imperfect grasp of the Catholic faith, who only *talk* of the dead as

“at rest,” but who do not seem to believe they really still exist and love, and who think it no use, or wrong, to pray for them, they lose—they know not what comfort they lose;—enough to say that they can know nothing of the comfort it is, to feel sure that the holy dead are remembering us in love before the throne of Christ, and that we on earth in love can still remember them, and let them still feel our love flowing out to them deeper, purer, than as of old, praying our common Lord to increase their peace and joy as He shall see most fit. To feel they help us by their prayers, that we help them by ours, keeps our love to them alive; it is then no longer a mere dwelling upon past affection, but a holy *living* love which takes away all sorrow and gloom from our thoughts about the dead. No doubt much harm has been done both by those who have taken a too ascetic, and by those who have taken a too social, view of life in Heaven. In some well-known little books, Heaven has been imagined and described in a way which leads persons to think of it as only a new world, just like this one in all its pleasures of home life and amusement, and the only superiority to this world is to consist in the absence of all sorrow, sin, and death. The chief joys, in short, to consist of living peacefully together for ever, and enjoying ourselves in the way we liked best on earth in this life! On the other hand, the ascetic makes Heaven to be a place which the keeping

of the second great commandment cannot help us to reach. The first great command is to love God, the second to love man. Heaven is represented as a place where the saints love God, and God only, His worship and service the only occupation, which is, of course, true; but it is put in such a way as to make people think that in Heaven no one will care for any one else except for God; that love to Him will be so great and perfect that none other can be entertained; that all in

- Heaven will be like beautiful statues, glowing with the light of God in which they are placed, but with no pure feeling of love to each other. Or, again, they may be said to love each other perfectly; that is to say, they do not ever quarrel there, but they have lost their memory, are changed as to their identity, and they all move about in the courts of God with perfect indifference to the love of each other. On earth God has commanded us again and again to love each other. He has given and blessed special affections, but not only is love to each other in Heaven denied, but these special affections on earth are denounced by some authors. The doctrine of detachment, like the doctrine of holy obedience, has been exaggerated. There is an anecdote of an ecclesiastic who said he was happy to have practised detachment so long and successfully, that he could thank God that he did not care for a single human being on earth! Most true, that the affec-

tions may be so unrestrained and indulged that at length the creature is loved and served more than the Creator. Most true, that if father or mother kept us from Christ in any way, we must act as if we hated them, and, taking our choice between them and God, give them up, cost what it may. Most true, that special love may, when wrongly or over-indulged in, become idolatry, and so be a source of separation between souls and God; but allowing all this, the fact remains that God does allow and bless pure special love between His children, and if He blesses it here, if He often uses this pure love to win souls to Himself now, may we not also hope and believe that souls which have served Him in pure love to each other here, may also rejoice *together* before Him hereafter, still loving each other as when here, He in love gave them to each other to love? May we not believe in an Easter of the pure special love of this life? When the mourner asks, "I know my brother shall live again, but when he lives again will he still love me as he did before? Is the pure love we had, to die at the grave and never to live again? Is he to pass behind the veil to Paradise another than he is, his love for me gone, dead for ever?" Surely the answer may be given, "Seek, first, God for His own sake and for all He has done for you and yours. Live with your chief wish to do His will; and as for him you have loved, and from whom you have

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been parted, remember love, where pure, is of God and eternal. You loved him here, then love him there. Let your prayers follow him as he goes to appear before the throne of the Most High. Seek God first, but love your brother still. All that was pure in your love will be renewed for ever in the presence of God who first gave and blessed it."

As regards "detachment," you must indeed, at whatever violence to yourself, at whatever cost, sternly cut off and throw away everything in any love to any one, however dear, which in the least keeps you from loving God more perfectly as your chief and only good. Yes; and if your love to any one is so strong that it inconveniences or interferes with the happiness of others, you must take care to try and in that way amend it. If you find, for instance, that in order to enjoy the society of one friend you cause some other friend to feel passed by, neglected, lonely, then your love is becoming selfish, sinful. You must prune it, else it will become a love not according to the mind of God, and His blessing will cease to rest upon it. Of course, if your love is such that it leads you to give up the service of God, and makes you neglect the care of your soul, or if it is so strong that when God calls one way, and the one you love keeps you back, and would persuade you to do that which is against conscience, when, in short, love leads to sin, God's curse will fall upon it. You must then, while

happy and rejoicing in any pure, special love which God has blessed you with, take care not to rest only in it, so as to forget God who gave it, the Giver for the gift. Take care it is not an affection with no depth, and such as to provoke ridicule. Take care that it does not interfere with home duties and with the comfort of others, and that it does not lead you into sin. If your love, however strong, is guarded thus, and frequently prayed for, that God may sanctify it, then it is a growing love, which daily will become purer and deeper, and ripen into that perfect love which it shall be yours to have and to enjoy for ever in Heaven. Those who speak so very strongly against pure special love now or hereafter, do not, I think, always practise what they preach. They may mean to do so, and may be perfectly sincere, but they cannot always say that every one they meet is welcomed by them just the same as every one else. Their countenances light up with friendship's smile more in one case than in another ; there is more lingering in one companionship than in another, less haste to end a conversation, more pleasure in recollection of it, a warmer grasp of the hand here, more sorrow at a separation there.


Doubtless some strong attachments are very objectionable. Cases of this kind are to be met with. The affection is simply "idolising." The object of it is worshipped, is always in the thoughts of the worshipper, who seems utterly unable to think on

any other subject. If the loved one speaks to any one else, is not continually with oneself, envy and tears are the result. Very often this intense attachment is not reciprocal; sometimes it is felt and regarded as a worry. I will not sketch it any more; but these cases are by no means uncommon, especially amongst women. This kind of attachment is not pure, special love—it is a nuisance on earth, and certainly will not exist in Heaven, for it is often provocative of ridicule, is very sickly and unhealthy in its tone, it quite warps and monopolises the mind and thoughts, and is not only often excessively silly, but also dangerous and sinful. True Christian love is a very different thing from this; it is no sickly, sentimental attachment, but a far higher, grander thing. It loves with an eye to the eternal future, and not merely for the fleeting moments of this life on earth. It loves *the soul*, is careful not to injure or tempt it in any way; it longs and prays for its safety here, and for its perfection hereafter. It is, then, not a mere low, carnal affection, mere lust; it is not a mere feeling of pleasure in the society of the other; but this love loves a soul for God's sake, as being made and redeemed by Him, as being specially given by Him to be loved for its good; to be loved, in short, not as mere sentimental acquaintances, but with a love which would sooner die than injure in the least the purity and beauty of the other's soul. This love does not only love when



affection is returned, but it loves when it is rejected or despised, though, as with all love, the more it is returned the more it flows out to its object. This love is often burning steady and true, though unknown, unseen, unfelt. When rejected, it suffers in silence ; outwardly it may wear the garb of sadness, though it tries to conceal its grief, so as not to anger the one who so ruthlessly treats it, and it often wins a glorious victory in the end, when a lower love would have changed to hatred and desire of revenge. This love looks to Heaven and yearns to see the one it loves *there*, and so, no matter how it is treated, it remains faithful as ever ; in secret, prays without ceasing, and loves the more. It does not really change like the fickle love of earth, though so it may seem. It ever exists, though often it is driven in, and not allowed to show itself ; and so it seems as if this love to the same person changes, but it is not really so.

A parent may yearn in sadness over a child in sin ; like the mother of him who became St. Augustine, she may feel repelled, when her child is before her fresh from his sin ; still she loves, still she prays, and if the prodigal is converted, and lives on in his right mind at the foot of the Cross, then that parent's love has become a love in which the heart can rest. All seems changed ; but it is only the old love *content*. And so with all of us ; we cannot help most loving, most enjoying,



valuing love where it is most purely, faithfully returned.

It needs no proving ; strong, pure, special love between souls frequently exists. Hearts are very closely drawn together in the bonds of a high and pure affection. " There is a secret 'twixt your soul and mine," a " golden link no other love can sever." The absence, the illness, the trouble, the death of one, affects us as we are not affected in watching the life and trials of any other. It may be said, Why does God allow and encourage these special affections, for there is no doubt they exist? and surely we may believe with His approval. Souls, then, are not drawn to us or given to us to be specially dear to us for any mere passing pleasure we may have in their companionship. Souls are given to us to love, that in that love, by its sweetness, purity, and power we may be enabled to help them to keep with or to seek to be with God. " Heirs together of the grace of life." This is the explanation : If you are very much beloved by any one, then all the influence you have is to be used in helping that one not merely to bear the trials of this life, but so to bear them all, and to endure its temptations, that God may be glorified and the soul saved. When two persons love each other very much, it is often found that one looks up to the other ; the one who is looked up to, who leads and guides, has the responsibility of drawing the other on to higher and

better things than the mere enjoyment of the pleasures of this life. Sometimes it happens that one is trying hard to serve God, while the other scarcely believes in Him. Strange that such souls can love each other; but they often do. The Christian, then, who tries to live as a Christian should, has now the hard but holy privilege of trying to win for ever the other's soul to Christ, and looks forward to see that one, as part of his crown and rejoicing in the day of the Lord. "For what knowest thou, O wife, whether thou shalt save thy husband? or how knowest thou, O man, whether thou shalt save thy wife? The unbelieving husband is sanctified by the wife, and the unbelieving wife is sanctified by the husband."

It pleases God to help and save many souls through the love of others. We help other souls by good example, by kind words in season; above all, by prayers. How long are such prayers seemingly unanswered? How hopeless seems to be the idea of the conversion of some souls! Those who know them and care for them but a little, will soon tire of this holy work. Love never tires. To pray all one's days with but a faint chance of winning another soul, who is especially dear to oneself, to God, would be but a glad labour of love. But when the Christian remembers prayers to be omnipotent when offered in love to God, who is Love, for the soul for which He died, then those prayers never

cease to be joyfully prayed, then is love at its best and highest, and all of Heaven, when it ever works and prays for the salvation of the soul for which with God it yearns to meet and love for ever in Heaven. Is love to have no reward, this love which, if it were not, would deprive many souls of the prayers which, under God, are helping them? Is this love, which hopes against hope, suffers patiently, prays unceasingly—is it to sow in tears and not to reap in joy? Surely, if God's grace prevails, and love by it wins the soul to God, both the one who prayed and the other who is saved will have a bond between them, which both will rejoice to have between them, as they worship together in the presence of God in Heaven.


Some have said, "No, this cannot, will not be, there will be no such ties and love in Heaven; were it to be so, then in Heaven there would be knots and groups of saints, who cared most to be together, and the true idea of Heaven, of the *one* family, all would be spoiled. Love in Heaven is to be perfect, fixed on God; love to all other is simply that all dwell together harmoniously, intent on God's service only. Did special love or special feelings of gratitude exist there between saints, all this calm, uniform harmony of pervading love would be broken." But how is it in this life, which we are told is the training-school for life in Heaven? Pure, restrained, special love to any here,

does not lessen our love to others ; it is just the very contrary in its effect upon our intercourse with all. Where conjugal love is pure and strongest, *there* children are most loved and cared for, theirs is the happiest home. That home under whose roof pure family love reigns most perfect, where the true ideal of a happy home is most realised, where parents, children, servants are very strongly attached, and live in peaceful love together, that is the very home of all homes, where love's power is most felt by others, where the lonely one is welcomed to stay, where the stranger is most quickly made to feel at home. We cannot love God as we ought unless we love our brother whom we have seen, neither can we love others as we ought, unless we *very strongly* love those whom God gave to be our nearest and dearest. Very often, alas ! those who ought to love each other most, have no thought or feeling in common, and those of their own family are those they are the most separated from. They ought to try hard to love their own kith and kin first and most ; if the attempt fails, their love rejected, still it ought not to cease to be, but should prove itself in the best way of all, in faithful, silent prayer as the weary years roll on, for the souls whose love ought to have joined with theirs. No, it is not true that pure, special love on earth lessens one's love to others ; rather when we see what

there is to be loved in one soul, we are led to love all souls the more. "Others," we say, "may not appreciate as I all that I value in this soul so dear to me; they would value it if they knew it as I do; so, too, there must be in other souls I know so little of, something deep and real to value and to love." Intimate knowledge and love of pure and saintly souls give an increase to the desire to love all souls *now*, and to hope to see and know their secret beauties, in the life of love in Heaven, where we shall all know and be known. Neither in Heaven, if special love is to be there, need we imagine for a moment any difficulty about its lessening the perfect universal love of the One Family of Christ's redeemed. In Heaven love of God is the one love which fills all hearts, it is *the* very love of all. To love Jesus there with all our soul, mind, strength, will not lessen the special, reverential love we all must ever have to the Mother of Our Lord; to have that special love to her will not lessen the love we shall have to the holy Apostles who for Christ's sake and for our salvation dared the enmity of the world, and, life in hand, went forth to preach the Gospel; to love the Apostles will not lessen our love to those who first taught us of Heaven and Christ its King, were it the mother who first instructed us in the Lord's Prayer in childhood's years, or the faithful minister of Christ who warned or per-

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suaded us to leave off sin and follow Jesus. Love to these, again, will not interfere with that special love you will ever have for those with whom you took sweet counsel, and with whom in the house of God you walked as friends. The love of those with whom you lived, suffered, rejoiced, prayed, and cheered by whose example you strove to do good, with whom you served God in works of charity, and by whose side you knelt in prayer at home, with whom in church you worshipped, with whom you knelt before the Altar; this love, I say, which on earth was renewed daily with calm prayer for God to bless it, which was gratefully enjoyed as His gift and used to His glory, this pure love which death cannot touch, or hurt, or end, would not, could not, hereafter interfere with the perfect love you would feel to any, from the highest to the lowest of the company of Heaven. To seek Heaven only to be again with those we have dearly loved, and whom we hope to find there, to seek it thus would be to make sure of losing it. Could any soul without the ordeal of the Judgment wander hence to the gates of Heaven, the angel guards in reply to the entreaty, "Saw ye Him whom my soul loveth?" would answer, "Whom seek ye? is it Jesus of Nazareth who reigns here, ascended to His throne of glory?" Unless the answer could be truly, heartily given, "Yea, I seek Him, my chief and only good," those




gates would never open, that soul would find Heaven closed to it for ever. Still we may believe that just as the shepherd will take up a lamb and bear it in his own arms over the mountain crest, to entice the sheep to follow, so God does sometimes take away those we love so much, to draw our hearts to that place whither He has removed them, that we, too, may seek to enter there. Not to be with them only, but that their being taken away may direct our attention to the place He has taken them to, that we may begin to think more deeply of that place—the qualification for admittance—and of Him whose that kingdom is. God in this way often teaches mourners the love of Himself, that He gave and took away, and sets them thinking of the love of the giver, who, if He is sought in humble, submissive love, will allow the gift to be enjoyed again. “Them that sleep in Jesus, God shall bring again with Him.” “There shall we ever be with the Lord.” “I shall go to Him.” But perhaps it is said, “I know I ought to love God and to seek Him first; I know I ought to love the Giver better than the gift, but I feel as if that were beyond me.” Many feel this because that which they lament the loss of, was not continually used as His gift while they had it to enjoy. If you daily thanked God for the blessing of pure, wedded, parental, filial, family, or friendship's love, then this truth would become easy enough to




learn. Indeed, your special love to another would be enlarged and deepened. The love of those who refer all things to God, use all things for Him, love one another for Him, transcends, in all that makes it intense, all the other love of any known on earth. Such love is tenderly anxious for the other's soul, ever on the watch, as "heirs together of the grace of life, that their prayers be not hindered," that the soul may be Heavenward helped. Intercourse of all kinds is considered with regard to its helping or hindering the progress of the other thither. Ever on the watch and praying, that they may injure not each other, but that they may help each other "to please God, both in body and soul, and so live together in holy love to their lives' end."

Souls thus loving each other are ever rejoicing in God's love; they both long to rejoice in that love for ever in God's Unveiled Presence. Both feel that the love which they rejoice in, is not simply of themselves, but is His gift, and so the more they feel the sweetness and rest of that love, the more they both yearn to bless the Giver of it. In short, the more grateful they are to God for giving them to each other, the more they love each other, and the more also they love God, and wish to love Him chief of all.


Such love as this can have no end; it may seem to change as to what it has to do, but it really changes not; the love that encouraged another to



bear the cross, will in Heaven rejoice with that one to have gained its crown ; the love that prayed for repentance will burn on in praise side by side with the saint ; in short, pure Christian love never ends, it is a gift of God, and "eternal are the gifts of Christ our King." God does not "glue" souls together to tear them apart to bleed. He does not give love to love to destroy it, often suddenly, as by death, like a toy is dashed from a child's hand, broken beyond repair. He does not join together with His own blessing, in His own name, to put asunder—sin, Satan, human passion may do that. Pure love God gives, and gives *for ever* if received, valued, guarded as His gift. In Heaven those whom God has knit together here will be absolutely happy, if the whole width of Heaven, could we measure it, were between them ; each would be happiest, so, because it was God's will ; each would know it best for each and His glory that so it should be ; and did that separation last for thousands of years, as we count time, it would seem as nothing for the love they had to God and for each other. In Heaven all are close to God, are in God ; but could poor human language express long-continued separation there, love would still be perfect and content. This may be an answer to those who say that if special love is to endure in Heaven, they think it must interfere with the love which there will think only of God. In




Heaven, all that was good and pure of love, all, in short, that was of God will continue : all that was only earthly, carnal, selfish, sinful, came not of God, and will not be there. Pray and try, then, that your love grow purer and purer, which really means deeper, truer, and more fit for Heaven, as the love of those who are "heirs together" of that glorious place. And when it shall please God for a time that the open, tangible enjoyment of that love should cease, then sorrow not as those without hope, bow thy head in submission ; "The Lord gave and the Lord hath taken away," but not for ever. One must go first ; few cross Jordan at the same moment ; but remember even in death you are not divided, love cannot be destroyed by death. As has been said, "Pure wedded love, when hallowed by God, ends in a oneness which time, severance, ay, *death*, breaks not, nay, which through death becomes like the love of God, the love of the unseen to be renewed where there is neither marrying nor giving in marriage, in adoring love before the Throne of God" (Dr. Pusey's University Sermon, "The Grounds of Faith"). Indeed, it is the experience of many that death increases or develops love. People often say, "I never knew how much I loved till those I loved were taken from me ;" then they are continually missed, their presence craved for, their voices so sadly listened for, their sympathy, their smiles so



vividly recalled and yearned after. Life rolls on, year after year passes by. "Grant him, Lord, eternal rest; may perpetual light shine on her," is the daily, nightly prayer. Separation is hardly felt, and Paradise feels close at hand. As God was loved on earth by both when side by side, so now that love continues; there is more of all that is the highest of all love in it, God's great feature of love, *the love of souls*; each has now but one thought and work as regards the other's welfare, not, as before, mere temporal cares to be anxious over, but one hope and prayer of love, *the one* best proof of the love of each when thinking of the other. "Nearer, my God, to Thee; nearer, my God, to Thee." Seek God first, keep His commandments, especially that one, "Love one another;" but love Him first; there are certain times and occasions when you are glad to be alone with those you love here in the flesh, or in sweet mystic communion with them in their rest; there is a special time also when you should seek the closest union with God in His own Sacrament of Love, wherein He gives Himself to you for the strengthening and refreshing of your soul. Living thus, fighting against sin and in this Holy union, you will live with all love to others, becoming deeper and purer, because the love of God is the love from which this love, when pure, proceeds. It is no longer a mere human, natural love, but the soul which seeks to love God first has

God in love to dwell in it, and so loves with His love, who is Love, and His love is eternal. And so when you are mourning for loss of him or her who made life so sweet to you, think never of them as dead; do not speak of them as having *lost* them, but love them still. Love loves not less when it cannot see what it loves; let it follow where it rested here, let it all now be kept alive, cherished in thought, memory, and prayer, and, above all, remember, when you receive Holy Communion, to plead for them before the Altar, that the faithfulness and power of your love is known and felt. Yes, you may hope to enjoy again all that was pure of that special love. You cannot imagine that devoted mother who year after year wept and prayed for her son's conversion from his life of sin, not rejoicing to see him safe for ever in his own place in Heaven. There St. Monica will often look towards that seat of honour where sits the great St. Augustine, and he who after his conversion used his mighty intellect and spent his life in the service of his Saviour, and won his glory and his crown, surely he will often look with special love and gratitude upon that mother whose love and prayers (under God) have placed him where he is. St. Paul looked forward to see the souls which he won for Christ, as his glory and his joy. St. Timothy will often look with special love towards that throne where sits his father in the faith, the glorious Apostle of the Gen-



tiles. With reverence may we not ascend higher still, and reflect that the King of Heaven, our Lord Himself, has His own special love for each soul in Heaven. A special love to the Virgin Mother who bare Him, tended and followed Him from Bethlehem to Calvary. He had His special loves on earth, though He loved all with all His most perfect love. He loved all souls ; on His Cross He suffered, shed His Blood, and died for love of all. Because Lazarus ("he whom Thou lovest is sick") was specially loved, Martha and Mary were loved not less. "Jesus loved Martha and her sister Mary." Because St. John was the disciple whom Jesus loved, His love is not lessened towards the lowliest child of Adam that will take up its cross and follow Him. And if our Lord had this special love to St. John, then He has it still ; St. John for ever will be *the* disciple whom Jesus loved and loves, for He changes not, He is the same to-day, yesterday, and for ever ! Seek God first, love all He gives to you to love, tenderly, purely, faithfully for His sake ; it is best for them now and hereafter, it is best and happiest for you. How it must lessen the pangs of sorrow when death takes your loved one from you, to remember your chief aim has been "so to live together in this life that in the world to come ye may have life everlasting." So live together, that having journeyed together you may hope to rest together. Those who have fought the good fight

together, who have shared tribulation together, who have helped each other in temptation, they may indeed hope for a special nearness together in the life to come. The Head of the Church will treat His members, it may be, with the same reward as He promised to His own disciples. "Ye are they who have continued with Me in My temptations ;" and this reward was to have thrones to sit on, with Him, near Him, *and near each other* ; the little flock was to be together in that special nearness. Seek God first, and love Him with all thy soul, love those He has drawn to you or given you, for Him, as well for yourself, and then your love will be best for both, and deepest and eternal, and you will find your love will from God through them flow on to all, and it will help you to try and live with all, remembering you are "heirs together" of Heaven as members of Christ and children of the God who is Love.


How can the saints still feel and show their love for us ? It is said, " They must be so absorbed in the contemplation of the mysteries of God in Paradise that they cannot even bear to dwell in thought upon the holiest scenes and memories of earth." But who, if he seriously reflects, can possibly believe that the holy dead cease to care for and to pray for those they have loved and left behind on earth ? If mourners on earth, amid all the years of care, temptation, and distraction, can still unceasingly, with faithful love, pray for those who have entered

into their rest behind the Veil, surely they who are within the Veil cannot forget or cease to plead for those they love who are still the pilgrims of the night. Memory never dies ; pure love is deathless—eternal as God Himself, who gave it ; and when the soul that loves God and all that He loves has entered into the fuller enjoyment of that love in Paradise, how can love forget or lessen, when felt in the very Presence of that Love which bade us to love God and our brother also ? The love of Paradise, the life there ! In that love there is a thought for the souls on earth ; in that life there is work for souls here which the saints rejoice to do. From beneath the Great White Throne of Heaven, from Paradise, the place of waiting, is ever going up the cry, How long ? How long ? The Voice, their joy to hear, ever bidding them rest awhile. “ They without us not perfect.” This is one anxiety of the souls in Paradise. How long shall the evil they have escaped continue ? How long shall the souls Jesus redeemed be tried in the fires of temptation ? How awful must it seem to them, living as they are where *sin* cannot exist, resting in the light of Jesus’ face, to think of souls on earth, souls they love, wrapped round by the murky fog of its deadly influence ! “ O let Thy kingdom come,” is the prayer of Paradise as well as of earth ; and when the saints there, think of the judgment of their own souls, of the yawning pit they have



escaped, of the glories of Heaven shining above them, hearing more than faintly the echoes of its songs, *then*, as they remember the pure love of this life, and thrill with the joyful sense of forgiveness and acceptance in Paradise and the certainty of Heaven, then their love for souls is stirred; they look to their King, to Jesus, the Lord of Paradise, and they behold Him engaged in the very work so dear to their own hearts; they see Him before their very eyes, "ever living to make intercession for us," and so they pray for us with more than the old love—"Grant them, Lord, with us to dwell," and "near Thy Throne a place."

Can there be a more beautiful, touching sight than a soul in Paradise praying for souls on earth—clad in the white robe, contrition for its own sin perfect, pardon and acceptance complete, at home and for ever in our Father's kingdom, continually praising God and being trained and perfected for Heaven, with ever and anon a pause to pour forth in love a prayer of intercession for those who pray for it on earth? Can angels gaze on any lovelier sight than on the saints in Paradise with robes made white in the Blood of the Lamb, forgiven and crowned, with all taint and stain of sin absolutely gone, perfect in penitence, perfect in holiness, perfectly cleansed and blessed, all radiant in the light that streams from the Throne of Jesus, shining with dazzling brightness with the very




light of the glory of God, yet humbly kneeling in adoring love to God and tender love for souls, and, in the accents of the penitent pleading for the souls still loved on earth, "Miserere—Have mercy upon me, O God"? Surely this is part of the life and work of saints in Paradise, humbly in love for us, uniting their prayers to the intercessions of Our Lord. Our love can also work for saints at rest, our love by prayer can follow them beyond the grave. How may this be known by them? in what way can our love still make itself felt and be a joy to them? Imagine the trial of death to the soul just departed from the flesh. If it has entered into the dark valley in the spirit of resignation—"Thy will be done"—submission, and humility—"Be it unto me according to Thy Word"—the soul will be soon resting from the ordeal of gloom. It may be to teach for ever to the soul a lesson of its helpless nothingness, that death seems to be a sinking down into utter darkness, but humility will flash like a jewel in the darkest depth of the mine. God sees and prizes it. Still deeper, ever on, and darker, till the soul feels almost annihilated, just a speck in the centre of dark creation; still the cry of humility, trust, and penitence, "Out of the deep have I called unto Thee; Lord, hear my voice;" then comes a change, a vivid sense of returning consciousness, onwards and upwards, borne with lightning speed by gentle, angel hands; then the distant

glimmer of the lights of Paradise, and the refrain of the songs of saints, and the golden breaking of the light of Heaven upon the everlasting hills, on till the Awful Presence of the Judge is reached.

*There*, where souls see the guilt and horror of sin as they never saw it before, in the presence of that Glorious Form once slain upon the Cross, all radiant with reproach as It shines in glory before the astonished gaze—*there*, I say, will agonising sorrow for sin be felt as it never was felt before. Who that ever reads of a “broken and contrite heart,” or of “My sin is ever before me,” has not felt how poor and wretched his repentance has been, and has longed to sorrow more? *There*, before the Saviour and the Judge, the agony of sorrow in perfection will be felt and be rejoiced in by the soul that truly loves. What joy to hear, at length, from the Lord Himself, “Thy sorrow is now perfect, thy penitence accepted; thou art forgiven, sanctified, blessed for evermore; enter thou into the joy of thy Lord.” This is the moment when love beyond the grave may be felt. Souls departed cannot forget us, we must not forget them. Think what a share you may have under God in helping them to the full fruition of their joy! Sorrow for sin complete, the will perfectly at one with God’s, there kneels the humble penitent, now changing for ever into a saint in Paradise. The last taint of sin for ever

purged away, no more dross to dim the purity of the shining gold. The moment has come when Jesus can bid the soul rest with Him for ever. You may be present at the scene, for you may be helping there. Your love can follow on to the presence of the Most High. The love that has no tinge of self, or passion, or sin to mar its beauty, the love of the soul in Paradise, is a love of our Lord Himself rejoicing over the fruit of the travail of His soul. Think of the sublime joy of that awful moment, the very beginning of Heaven, to know that by grace henceforth, for ever, one is absolutely *sinless*, perfect in holiness, and can no more fall for ever than the sinless God who, in His love, has placed one there! Your love in prayer can hasten and help in this happy moment. Your prayer is loneliness and love, your intercession at the Altar stirs the love of the Lover of all souls, calls forth the voice of Comfort, and gently draws forth that wound-marked Hand, to wipe away the last tear for sin for ever!

If you believe in the communion of saints, if you believe that souls at rest can pray for you and you for them, then all the dark, sad gloom of death is taken away. To think of the dead as *dead*, body and soul, as non-existent, would be a crushing, fearful thought, too hard to bear. But to think of them as alive, conscious, with our Lord in Paradise, and still loving us and showing their love in the best



way—prayer—robs death and the thought of it of all its darkness.


Do not believe that the dead love you less than before; they love you more than ever. They see now how precious souls are to Jesus, and see how great is His love for you, and they love you now more than ever for His sake. You must picture the dead as more to be loved than ever; their looks radiant in purity and holy love, all virtues enhanced, all faults and imperfections gone, peaceful, blissful, the look of the Lord in their features and expression. Like Him in every way, for they see Him as He is, and shine with His glory.

Show your love also to the holy dead by living as they would have had you live when by your side on earth. If those you chiefly mourn helped your soul in the power of their pure and faithful love, then you feel you can never live at a lower level again, a higher life must ever be your end and aim. Their influence is over you still; you cannot forget, and you ever miss their presence; the memory of their example is ever stirring you—"This sorrow, how would they have borne it?" "This temptation, how would they have met it?" "This action, would they advise it?" Sometimes you seem to hear their voices, sometimes cannot picture the well-loved tones in imagination's dream, sometimes you cannot paint the well-known features to your mind, sometimes their faces seem to live and look at you;

but their example, their *life*, that is ever before you in all its attractive power. "He being dead yet speaketh;" and you feel that never while memory lasts and hearts can love, can you do anything but strive to follow where they have gone before.

"Be ye followers of me as I also was of Christ," is the loving message which love beyond the grave speaks home to you from Paradise. Some, perhaps, may say that there are many in this life who are without friends, who cannot think of any one in Paradise who is likely to pray specially for them, and is it fair that some should be helped by the prayers of the saints at rest, and others have no help of the kind? Our Lord pleads for all, but the saints also pray for all, so we may think. If they can see anything of what goes on on earth, we may be sure that those most lonely and least loved, those most tried and tempted, those who have fewest or none to pray for them, are the very ones the saints would specially pray for. We know that on earth, in any great emergency or accident, sympathy is most evoked—anxiety to help or rescue is most shown where suffering and helplessness seem greatest. So may it be that they who stand on the shore of the "fair havens" watching those who are breasting the waves of this troublesome world, when they see some strugglers with senses weak, strength failing, courage sinking, with none by their side to encourage, that those in distress are the very

ones for whom the sympathy and love of the saints is shown, beseeching for them help from the throne of grace, "Lord, all-pitying Jesu, save." The Bishop of Rochester writes in his book, "On the Loss of Friends on Earth"—"It is sometimes an anxiety to sensitive persons that they will have no one to welcome them in Heaven. As if Christ would not take care of that. As if He, who hath prepared us for our home and our home for us, may not be safely trusted to make it a happy one. We shall meet there many whom we did know, and more whom we did not. But Infinite Love will fill every glorified soul; and if friends will still be friends, no one will wound us with the cold glance of a stranger. More wonderful, and more blessed still, we shall meet each other without suspiciousness, or fickleness, or envy; without fear of change or decay or death; without the least danger of loving too much, or loving apart from God. The parents that bare us, the servants who ministered to us, pastors who have brought us to Christ, physicians who have pulled us through weary illnesses, and made us grateful with the gratitude of a life; the friends who have loved us, the good who have edified us; many, whom we have seen and longed to know, but never could get to know; many who saw us, and wished to know us, but who died without the interchange of a word; writers of books which have helped us, promoters of plans which have inflamed



our zeal and set us working, in a multitude which no man can number, all, all will be there ! Yet God makes Heaven ; and the ' Friend that sticketh closer than a brother ' will be the one Friend of all others we shall most desire to see ; and when we see Him as He is, we shall not think we took too much pains to make others love Him ; we shall understand then how the ' loss of friends ' on earth was to prepare us for our life with Him."

Some object : " It cannot be true that any special love here will exist in Heaven ; rather it must be all blotted out, because if you have a special love to any soul, and find that soul shut out from Heaven, your happiness there would be spoiled." In reply, I would say, " Sufficient unto the day is the evil thereof." " Judge nothing before the time." It will be time enough to wonder about this event when you know for certain that the one you love is not amongst the saved. Meanwhile, hope and pray for every one. We know God is love, and that He loves souls more than we do, or can love any. His love must grieve over the loss of a soul more than ours can. Yet He must be perfectly happy after the Judgment, and so will His followers be, who swell the triumph of His train. How this will be, how He will wipe all tears away, we know not now. He is God, and *can* do it.

Some (like the Sadducees of old) raise the question of second marriages. Can any special love of or to



each wife or husband exist hereafter? Such questions are mooted; were this not the case, one would avoid the discussion of them. No one who has a true, high view of the sanctity of marriage, its sacramental character, and its typical relation to the union of Christ and the Church, would ever seriously dream of marrying again after the death of husband or wife. Even amongst the heathens of old, the "once married" were respected and honoured for their fidelity to their deceased partner. All cannot receive it, but where the love of husband and wife has been worthy of the love of Christian marriage, neither would care to think of marrying again. The early Church withheld her blessing on second marriages. They are simply tolerated, or, at most, sanctioned as preventive of sin; but to marry once, and ever to remain faithful to wife or husband, is what is most pleasing to God, most noble in man, and most according to the teaching of the Church.

The question of the Sadducees has little bearing on this point. Christian marriage is a higher, holier union than the Jewish. The Jews, in their question to our Lord, were only taking the mere social and carnal view of marriage. Holy matrimony is also a union of soul to soul, husband and wife are members of Christ, their union is sanctified and blessed as the union of His own children by God Himself, and the sacramental mark will ever exist.


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Those whom God hath joined together can never be to each other the same as they are to other souls. All that was pure and holy in married love will and must continue, all that only related to the ends of this life will and must cease. When our Lord says that "in the resurrection they neither marry, nor are given in marriage, but are as the angels in heaven," He does not say that love will cease. Nor, in using similar words in St. Luke xx. 34—50, does He say a word implying that holy, special love will not be in Heaven. Mr. Lyttleton thus comments on the passage in his book on "The Life of Man after Death":—"It may be noticed that when He, who alone knows Heaven because He came down from Heaven, speaks of the heavenly life, the only two parts of human life as it is on earth of which He declares that they shall not continue there, are marriage and death—that is, those which have reference to the *transitoriness* of our existence here—to its beginning and its ending. '*The children of this world,*' He says, '*marry and are given in marriage: but they which shall be accounted worthy to obtain that world, and the resurrection from the dead, neither marry, nor are given in marriage: neither can they die any more; for they are equal unto the angels, and are the children of God, being the children of the resurrection*' (St. Luke xx. 34—36). This does not, I venture to think, imply that the personal and individual *love* of the married

will, or can possibly, cease in that life. No one who believes in the Divine origin of our best human affections can for an instant entertain such a thought. But what our Lord means, we may humbly but confidently say, is no more than that earthly marriage, in the literal sense, will not be in eternity. Where there are no deaths, there need be no births to fill vacant places. This great saying, therefore, of our Lord reveals only this—that birth and death cannot be in the heavenly life of man, any more than in that of angels. But all else—everything that is not in its nature connected with mortality, everything that is Christ-like—it is implied, will continue. This we should expect, if man is being made in the image of God, and if human nature is indeed immortal, and has its root and spring in the Divine nature.”

For those who have the higher love, and who, like St. Monica, remain faithful to their husband, I hope these few simple thoughts concerning love beyond the grave will give some little help.—  
*Extract from Sermons by Dr. Pusey.*

“First, Holy Scripture hath not said that we should so love God as to shut out any other love, or any other joy which does not shut Him out. God has said in this life, ‘He that loveth God let him love his brother also.’ Heaven will not be a lonely place, that we should not there have any beside God to love. Love of our brethren in-



creases, it does not shut out the love of God. . . . *There*, in that abode of love, shall no special holy love be lost. God has not formed us, yea, bidden us in this our nursery for the heavenly life, to love one another in all our several relations, that all this after life should cease. He has not bound us in those varied sweet bands of love—fathers, mothers, children, brothers, sisters, husbands, wives, friends, or those wider circles through which love radiates here—that the love, which is from Himself, and which He has made part of the undying soul, shall die. We could not think as to the very human nature of our Lord, that in the full glory of God, He does not love still with that same special love with which on earth He loved the disciple whom He loved. . . . Rather it shall be part of our joy to love all which we loved here; only how much more, because every infirmity which in ourselves or in others ever checked for an instant the flow of love shall then have been absorbed into the love of God, and God shall fill all with Himself.”—*From “The Rest of Love and Praise,” by the Rev. E. B. Pusey.*

Having met with more than one painful instance of mourners being tempted to bitterness and infidelity in their time of trial, by what they have been told for their comfort, I have written these pages hoping to remove this temptation from at least one sufferer. “Try and live doing God’s will, and leave

all to Him," is the simplest, safest advice to all in trouble ; but if some will dogmatically assert things which are not plainly stated in Holy Scripture, nor may be proved thereby, and which the Church has never taught, and when these assertions seem to wither and crush the faith of those who hear them, it is right and proper humbly to try and reassure those who are in trouble, by telling them that what they crave to know and feel, is at least as likely to be true as that assertion which has disturbed them.

Live, then, trying to follow Jesus faithfully, praying for yourself, praying for all you know in this life, and for all departed from it. Take great care to come regularly, humbly, penitently, to Holy Communion, and pray there for yourself and all you love, living and at rest ; and may you persevere till the hour comes when you will be called (God willing) to stand in your place, one amongst "the shining throng," where you shall joyfully, humbly adore your Saviour, "chief amongst ten thousand," and loveliest of all, where you shall ever live and rejoice in the fulness of the love of Him your Lord and God, and in the love of your brother also, in the perfect bliss of the full communion of All Saints !

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